

Health, Welfare & Public Service

FILED JAN 7 1958

STANDARD CERTIFICATE OF DEATH

46734 STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3220

300 1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

| | | | |
|---|-------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights | | c. CITY OR TOWN Rock Hill 4631 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp. | | d. STREET ADDRESS 1310 Warson Place | |
| 3. NAME OF DECEASED (Type or print) First Middle Last ORVILLE W. SLESSINGER | | 4. DATE OF DEATH Month Day Year Dec. 17 1957 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 10, 1911 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rate Clerk-Acme Fast Freight Co. | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Matcalf, Arizona |
| 13a. FATHER'S NAME Leonard Slessinger | | 13b. MOTHER'S MAIDEN NAME Anne McDonald | 14. NAME OF HUSBAND OR WIFE Mathilda E. Slessinger |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War 2 | | 16. SOCIAL SECURITY NO. 486-16-8611 | 17. INFORMANT Address Mathilda E. Slessinger 1310 Warson PI. |
| 18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) General Carcinomatosis DUE TO (b) Carcinoma of Caecum DUE TO (c) 153X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH Aug 1957 MAR. 1957 | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from Aug 11 1957 to Dec 18 57 and last saw him alive on Dec 17 1957 Death occurred at 8:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED 12/18/57 | |
| 22a. SIGNATURE (Degree or title) John Stewart MD | | 22b. ADDRESS 4660 Maryland St Kansas Mo | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Dec. 20, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
| 24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway | | 25. DATE RECD. BY LOCAL REG. 12-19-57 | 26. REGISTRAR'S SIGNATURE Herbert R. Dondos MD |

ore

STATEMENT BY LICENSED EMBALMER -

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *William C. White*

Licensed Embalmer No. *4291*

P. O. Address *222 S. Kingshighway*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.