V.S. No. 300
Rev. 10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 46883

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2987

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS CO. BETHFONTAINE NEIGHBORS
c. LENGTH OF STAY (in this place): 18 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8441 ROANOKE AVE.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: Bethfontain Neighbors ST. LOUIS CO. 4180
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 8441 ROANOKE AVE.

3. NAME OF DECEASED (Type or Print)
a. (First): BESSIE
b. (Middle): BLAINE
c. (Last): SLICK

4. DATE OF DEATH (Month) Nov. (Day) 26 (Year) 1957

5. SEX: FEMALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: DEC. 19, 1883
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: DELBERT SLICK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Mildred Charbonnier — ADDRESS: 8441 Roanoke Ave

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) arterio-sclerotic heart disease — 15 yrs.

DUE TO (c) Hypertension — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: — 4200
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): X
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): No injury m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* May 6, 1949, *to* Nov. 26, 1957, *that I last saw the deceased alive on* Nov. 26, 1957, *and that death occurred at* 7 30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Rush McAdam, MD.
23b. ADDRESS: 906 Olive, St. Louis Mo.
23c. DATE SIGNED: 11-27-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov. 26, 1957
24c. NAME OF CEMETERY OR CREMATORY: Sun Set Hill
24d. LOCATION (City, town, or county) (State): Edwarsville, Ill.

DATE REC'D BY LOCAL REG.: 11-27-57
REGISTRAR'S SIGNATURE: Herbert B. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE: David A. Hodge — ADDRESS: 2118 State St. Granite City, Ill

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. [signature]

Licensed Embalmer No. 7771

P. O. Address 2118 State St. [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.

V.S. No. 500
Rev. 10-48

FILED DEC 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 46883

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2987

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bel-Nor ~~Bel-Nor~~ Normandy (Mo.) ~~Belfontaine Neighbors~~ ST. LOUIS CO. ~~Belfontaine Neighbors~~
c. LENGTH OF STAY (In this place): 28 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8441 ROANOKE AVE.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
a. STATE: MO.
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: Bel-Nor ~~Bel-Nor~~ Normandy (Mo.) ~~Belfontaine Neighbors~~ ST. LOUIS CO. ~~Belfontaine Neighbors~~
e. Is Residence within limits of a city incorporated town? Yes X No ☐
f. STREET ADDRESS (If rural, give location): 8441 ROANOKE AVE.

3. NAME OF DECEASED (Type or Print): a. (First) BESSIE b. (Middle) BLAINE c. (Last) SLICK

4. DATE OF DEATH (Month) Nov. (Day) 26 (Year) 1957

5. SEX: FEMALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: DEC. 19, 1883
9. AGE (In years last birthday): 73 If under 1 year: Months Days If under 1 day: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: ~~UNKNOWN~~ James Bush
13b. MOTHER'S MAIDEN NAME: Sarah Ann Sherwood ~~UNKNOWN~~
14. NAME OF HUSBAND OR WIFE: DELBERT SLICK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Mildred Charbonnier ADDRESS: 8441 Roanoke Ave

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage - instant

ANTECEDENT CAUSES. *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) arterio-sclerotic heart disease — 15 yrs.

DUE TO (c) Hypertension — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS. *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒ — 4210

21a. ACCIDENT SUICIDE HOMICIDE (Specify): X
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): No injury m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* May 6, 1949, *to* Nov. 26, 1957, *that I last saw the deceased alive on* Nov 26, 1957, *and that death occurred at* 7:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Rush McAdam, MD (Degree or title)
23b. ADDRESS: 906 Olive, St. Louis Mo.
23c. DATE SIGNED: 11-27-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov. 25, 1957
24c. NAME OF CEMETERY OR CREMATORY: Sun Set Hill
24d. LOCATION (City, town, or county) (State): Edwardsville, Ill.

DATE REC'D BY LOCAL REG.: 11-27-57
REGISTRAR'S SIGNATURE: Herbert R. Wombacher
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Oscar A. Stahlhut, Mortuary, 1118 State St. Edwardsville, Ill.

(Licensed Embalmer) (See Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Items #1-b, 2-b, 13a & 13b corr. by aff. from Informant - 5-26-83