

FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3611**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **821**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 26 St. Louis Chronic Hospital.		e. STREET ADDRESS (If rural, give location) 3411 Halliday	

3. NAME OF DECEASED (Type or Print) a. (First) Max	b. (Middle)	c. (Last) Slavick	4. DATE OF DEATH (Month) (Day) (Year) January 22, 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH JUNE 21 1881	9. AGE (In years last birthday) 76	10. UNDER 1 YEAR Months	11. UNDER 4 HRS. Days	12. UNDER 1 MIN. Hours	13. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY ELV. OPERATOR	11. BIRTHPLACE (City and State or Foreign Country) Unknown DENVER COLO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Rachec	13b. MOTHER'S MAIDEN NAME Louis	14. NAME OF HUSBAND OR WIFE Ester Slavick
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK.	16. SOCIAL SECURITY NO. 489-20-4329	17. INFORMANT'S SIGNATURE OR NAME ESTHER SLAVICK	ADDRESS 3411 HALLIDAY AVE
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 491x		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilat. ac. + Chr. Bronchopneumonia		6 weeks.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 26, 1957, to January 22, 1958, that I last saw the deceased alive on January 22, 1958, and that death occurred at 1105A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Beckham, M.D.	23b. ADDRESS 5800 Grand	23c. DATE SIGNED 1/23/58
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 1-24-58	24c. NAME OF CEMETERY OR CREMATORY MT. OLIVE CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO
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DATE REC'D BY LOCAL REG. JAN 23 1958	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE HERMAN RINDSKOPF INC.	ADDRESS 5216 DELMAR
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(Licensed Embalmer's Statement on Reverse Side)

M & B.

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

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.....
John Ketter

Licensed Embalmer No. *3860*.....

P. O. Address

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.