

Health, Welfare, Public Service

FILED MAR 5 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007819
STATE FILE NUMBER
2305

XC- 3120687
SL- 11172

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2305

300
-57

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CAPE GIRARDEAU		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CAPE GIRARDEAU		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM HOSPITAL		Length of stay in lb 26 DAYS	d. STREET ADDRESS (If outside, give location) 31 326 CAPE ROCK DRIVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ERNEST Middle SLEDGE Last			4. DATE OF DEATH Month 2 Day 24 Year 58		
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 6-2-16	9. AGE (In years last birthday) 41 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY TRUCKING	11. BIRTHPLACE (City and state or country) ADVANCE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOHN SLEDGE		13b. MOTHER'S MAIDEN NAME IDA E EVANS		14. NAME OF HUSBAND OR WIFE ELSIE SLEDGE WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. 498-16-6842		17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC FAILURE DUE TO (b) RHEUMATIC HEART DISEASE DUE TO (c) - - - - - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 1 DAY UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY EMPHYSEMA 4/6x					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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. Attended the deceased from 1-29-58 to 2-24-58 and last saw alive on 2-24-58 Death occurred at 2:17 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Leo Neu, Jr. M. D.			22b. ADDRESS VAH. ST. LOUIS, MO.		22c. DATE SIGNED 2-24-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-25-58	23c. NAME OF CEMETERY OR CREMATORY Cape Girardeau, Mo		23d. LOCATION (City, town, or country) (State) Cape Girardeau Mo
24. FUNERAL DIRECTOR Edw. Fendler Mortuary 5611 So. Grand		25. DATE RECD. BY LOCAL REG. FEB 26 '58		26. REGISTRAR'S SIGNATURE Paul Smith Mo mgb.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 16. No symptoms which are causally related.

MAY 7 1958

MAY 23 1958

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 *Hadley A. Jolley Jr*
Licensed Embalmer No. *4950*
P. O. Address *St. Louis*

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.