

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003512

State File No. ....

2 848

Registrar's No. ....

to. 300  
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FILED FEB 10 1959

REG. DIST. NO.

PRIMARY REG. DIST. NO.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		e. STREET ADDRESS 2179		f. (If rural, give location) 2327 Tennessee	
3. NAME OF DECEASED (Type or Print) Mary		a. (First)		b. (Middle) Slape	
c. (Last) Slape		4. DATE OF DEATH (Month) (Day) (Year) 1-26-59			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH 1-25-59		9. AGE (In years last birthday) 7 Hrs. Old		IF UNDER 1 YEAR Months   Days   Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Slape		13b. MOTHER'S MAIDEN NAME Celeste Ebel	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Father George Slape		ADDRESS 2327 Tennessee			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Congenital Atelectasis		INTERVAL BETWEEN ONSET AND DEATH 7 Hrs.	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Patent foramen ovale DUE TO (c) 754.3			
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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)	
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?	
22. I hereby certify that I attended the deceased from 1-23, 1959, to 1-23, 1959, that I last saw the deceased alive on 1-23, 1959, and that death occurred at 9:00 A.M., from the causes and on the date stated above.					
23a. SIGNATURE Peter H. Davis, M.D.		(Degree or title)		23b. ADDRESS 35 N. Central	
23c. DATE SIGNED 1-24-59		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-26-59	
24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul		24d. LOCATION (City, town, or county) St. Louis, Mo		(State)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 26 1959 m86		25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros		ADDRESS 2201 S. Grand Blvd.,	

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
*Pat. J. Delmonte*  
Licensed Embalmer No.....

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.