WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10 2 67

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791
1003

23430

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 6912

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. 5473 Arlington Ave St. ..... Ward)

2. FULL NAME Charles P. Sloncen

(a) Residence. No. 5473 Arlington Av 7 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Amelia A. Sloncen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6, 1863

7. AGE: Years 65 | Months 6 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Supt.
(b) General nature of industry, business, or establishment in which employed (or employer) American Seating Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ills

PARENTS

10. NAME OF FATHER Charles Sloncen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Agnes Pokorny
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs Amelia A. Sloncen
(Address) 5473 Arlington Av

15. FILED ..... 1, 19.. Max C. Hardy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1929

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1925, to June 30, 1929, that I last saw him alive on June 30 1929, and that death occurred, on the date stated above, at 1:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Interthoracic Sarcoma

49

(duration) 47 yrs. 1 mos. 16 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Laboratory

(Signed) Arthur H. de Masy, M.D.

7/1, 1929 (Address) 4046 N. Grand Bl.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Chicago, Ills | DATE OF BURIAL: July 2 1929

20. UNDERTAKER: Math Hermann & Son | ADDRESS: 2761 E Fair Ave