

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

16474
 Do not use this space.

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 791
 (b) Township..... 1 Primary Registration District No..... 1003 Registered No..... 4008
 (c) City..... St. Louis (d) Street No..... 4970 West Florissant Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 452 Amelia Sloncen

(a) Residence, No. 4970 West Florissant Ave St. 7 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
 74 6 30

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME William Nememann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Marie- unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs A B Hogan (ADDRESS) 4970 West Florissant Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago Ill. DATE May 2 1939

19. FUNERAL DIRECTOR (NAME) Math Hermann & Son (ADDRESS) 2161 East Fair Ave

20. FILED MAY 1 1939 J. B. Bruders Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1939, to April 29, 1939.

I last saw h.e.m. alive on April 29, 1939. Death is said to have occurred on the date stated above, at 11:45 PM
 The principal cause of death and related causes of importance were as follows:

Date of onset
 Apoplexy (Cerebral Hemorrhage) 1/13/39
 other contributory causes of importance:
 Arterio Sclerosis with Hypertension ?

Name of operation Date of.....
 What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury....., 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify.....
 (Signed) Arthur J. de Marsy, M. D.
 (Address) 4046 N. Grand Bl.

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.

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Samuel Hampton

Licensed Embalmer No. *2967*

P. O. Address. *2161 E. Fair*

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 this body is not embalmed, above space should be left blank.