No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23159

FILED AUG 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5604

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5808 Itaska Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 14
(If outside city or town limits write "RURAL")

(d) Street No. 5808 Itaska Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frances (Fannie) Sleight

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 25th (Day) 1857 (Year)

8. AGE: Years 82 Months 9 Days 4 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housework at home

11. Industry or business

FATHER
12. Name George Sleight
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Hannah Blackshaw
15. Birthplace (City, town, or county) England (State or foreign country)

16. (a) Informant Lillie M. Sleight
(b) Address 5805 Itaska Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-2-40 (Month) (Day) (Year)
(c) Place: burial or cremation Carrolton Illinois

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) JUL 1 1940 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th year 1940 hour 3:15 minute A.M. M.

21. I hereby certify that I attended the deceased from Oct. 1937, to June 29, 1940 that I last saw her alive on June 28, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterio-sclerosis	chr.
1. Senile dementia	4 mos.
Due to 2. senility	chr.
3. hypertension	"
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. L. Jannings, M.D. (M. D. ~~or other~~)
Address 4660 Maryland Date signed 6-29-40

(Licensed Embalmer's Statement on Reverse Side)

4660 Maryland Ave
12 30 2 30

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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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