

Registration District No. _____

Primary Registration District No. _____

791 OCT 10 1940

1003

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)

In this community 4 Yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Sloan

(b) If veteran, name war Unknown

8. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased March 17, 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER { 12. Name Will Sloan

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Mary Byers

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Morrison

(b) Address City Hospital, #1

17. (a) _____ (b) Date thereof 8-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Working for U

18. (a) Signature of funeral director W. Rupp

(b) Address 3020 Kitzner

19. (a) SEP 3 1940 (b) J.F. [Signature]
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 307 1/2 Pine St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22, year 1940 hour 2:50 minute _____ A. M.

21. I hereby certify that I attended the deceased from August 20, 19 40, to August 22, 19 40 that I last saw him im alive on August 22, 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Harold Freedman (M. D. or other) _____

Address 1515 Lafayette Ave., Date signed 8/22/40

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.....

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