S. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7903

FILED MAR 10 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 516

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Mt. St. Rose Sanitarium (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 Missouri (b) County St. Louis

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

(d) Street No. 4149 a Lexington Ave (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Clarence V. Slereth

3. (b) If veteran, name war No

3. (c) Social Security No. 495-05-7927

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Casey Slereth

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased July (Month) 20th (Day) 1902 (Year)

8. AGE: Years 39 Months 7 Days 15 If less than one day ..... hr. ..... min.

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

10. Usual occupation Electrician

11. Industry or business

FATHER
12. Name George Slereth
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ann Bower
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Margaret Slereth

(b) Address 4149 a Lexington Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/42 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) MAR - 5 1942 (Date received local registrar) (b) C. G. McGarron (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1942 hour 1 minute 30a M.

21. I hereby certify that I attended the deceased from Dec 6th 1941 to March 5th 1942 that I last saw him alive on March 2nd 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Tub. Meningitis — Duration 3 wks

Due to 13 b1

Due to

Other conditions Chronic Pulm. Tub (Include pregnancy within 3 months of death) — 1 yr

Major findings:
Of operations

Of autopsy NO

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) NO

(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 Andrew C. Henske M.D. (M.D. or other)

Address 607 No Grand Date signed 3/5/42

(Licensed Embalmer's Statement on Reverse Side)

MAR 17 1942

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. 2265

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, fact should be so stated above.