S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4833

Registration District No. FILED FEB 24 1945 318

Primary Registration District No. 1003

Registrar's No. 1081

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: Isolation Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 2 ~~13~~
(If outside city or town limits, write "RURAL")

(d) Street No. ~~5800 Arsenal~~ 11
(If rural, give location)

3225 Montgomery

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frank Sloey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 25 (Day) 1852 (Year)

8. AGE: Years 92 Months 5 Days 8 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Jim Sloey
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Bridget Scholen
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Nellie Harris
(b) Address 5600 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2- 3-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery Dir.

18. (a) Signature of funeral director 2849 No. Euclid Ave.
(b) Address Sullivan Funeral Dir.

19. (a) FEB 3 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 2 day 2 year 1945 hour 2 minute 15 p M.

21. I hereby certify that I attended the deceased from 1-27-45, 19, to 2-2-45, 19; that I last saw him alive on 2-2-45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative heart disease

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 W Max Wells (M. D. or other) 2-2-45

Address 5600 Arsenal Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Robert Bankman

Licensed Embalmer No. [illegible]

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.