

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

825A

#29223  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 2192

Registration District No. 318 Primary Registration District No. 100

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution St. Louis City Hospital #1.  
(d) Length of stay: In hospital or institution 20 Years  
In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(d) Street No. 2861 Henriette Ave.  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Sloan  
3. (b) If veteran, name war No  
3. (c) Social Security No. 497-05-2962

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 4th  
year 1945 hour 10:20 minute P. M.  
21. I hereby certify that I attended the deceased from 2/19/45  
19 to 3/4/45 19  
that I last saw him alive on 3/4/45  
and that death occurred on the date and hour stated above.

4. Sex M Color or race W  
6. (b) Name of husband or wife Alice  
6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased March 9 1896  
(Month) (Day) (Year)

Immediate cause of death Subacute Bacterial Endocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 48 Months 11 Days 26  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Champaign Ill. Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation Cook  
11. Industry or business Retired

MOTHER FATHER {  
12. Name Edward Sloan  
13. Birthplace Indiana  
14. Maiden name Rosella Parson  
15. Birthplace Indiana  
16. (a) Informant Alice Sloan  
(b) Address 2861 Henriette Ave.  
17. (a) Burial (b) Date thereof 3/7/45  
(c) Place: burial or cremation Memorial Park  
18. (a) Signature of funeral director A. W. McLaughlin  
(b) Address 2301 Lafayette Ave.  
19. (a) Date received from registrar MAR 7 1945  
(b) Registrar's signature J. F. Bredek

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature James J. Lunt (M. D. or other)  
Address 1515 Lafayette 3/5/45

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

APR 17 1945

**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 L.R. Cooper

Licensed Embalmer No. 3683

P. O. Address 2317 Lafayette

**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.**