

FILED JUL 28 1945 STANDARD CERTIFICATE OF DEATH

22575

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 6160

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6936 Bruno 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 _____

3. (a) PRINT FULL NAME Ota Edward Slone

3. (b) If veteran, name war Nil
3. (c) Social Security No. 491-28-9814

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Slone
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased August 1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 1
If less than one day hr. _____ min. _____

9. Birthplace Miller County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Government Employee

11. Industry or business _____

12. Name Izaac Slone

13. Birthplace Bowling Green Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Saran Jones

15. Birthplace Miller County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Slone

(b) Address 6938 Bruno Ave.

17. (a) Burial (b) Date thereof 7-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUL 16 1945 J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Dixon
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) NR
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1945 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from June 9, 1945 to July 15, 1945
that I last saw him alive on July 15, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 4 days
son

Due to arteriosclerosis

Due to medicinal tumor unqualified 6 mo

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) (c) Means of injury 0

23. Signature Harold A. Dill (M. D. or other) MD
Address 7348 Manchester Ave. Date signed 7-16-45

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

17
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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 *Albert G. Happe*.....

Licensed Embalmer No. *2971*.....

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.