. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 28 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 7049

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. 1539

**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: 3702 Page Blv'd
(If not in hospital or institution, write street number or location)

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

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 0 4-11

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3702 Page Blv'd 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Minnie Sloan

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife John Sloan

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

7. Birth date of deceased June (Month) 15 (Day) 1859 (Year)

8. AGE: Years 88 Months 7 Days 28 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business none

FATHER
12. Name John Wodley
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Inknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Sloan
(b) Address 3702 Page Blv'd

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director A. Krou La Ui Co
(b) Address 2707 N. Grand Blv&d

19. (a) FEB 16 1948 (Date received local registrar) (b) J. F. Breuer (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 13 year 1948 hour 6 minute 05 p.M.

21. I hereby certify that I attended the deceased from 1-12, 1948 to 2-13, 1948 that I last saw he alive on Feb 13, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cardiac decompensation | 6 mos |
| Due to: asthma | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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 Jos. P. Berman (M. D. or other)
Address 12 25 No. Grand Date signed 2-14-48

Jefferson City Printing Co.

(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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.