

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17707

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State File No. ....

Registrar's No. 4396

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 4396	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u> )		c. LENGTH OF STAY (In this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS</u>		17 9 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer Phillips Hos,</u>				d. STREET ADDRESS (If rural, give location) <u>2816 a Howard St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>COLONEL</u>		b. (Middle) _____		c. (Last) <u>SLEETS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 13th, 1949</u>	
5. SEX <u>Male 2</u>	6. COLOR OR RACE <u>Col,</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower 2</u>	8. DATE OF BIRTH <u>6-5-1880</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Smith Rolling Co,</u>		11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ALEXANDER SLEETS 2816 a Howard St</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MEDICAL CERTIFICATION Far Advanced Carcinoma of Rectum with Metastases-</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days (history)</u>			
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			DUE TO (b) <u>Undetermined</u>			
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			DUE TO (c) <u>Benign Prostatic Hypertrophy</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>How MO</u>		21f. HOW DID INJURY OCCUR? <u>13 HX</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>5-3</u> , 19 <u>49</u> , to <u>5-13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-13</u> , 19 <u>49</u> , and that death occurred at <u>8:25 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles H. Hozier M. D.</u> (Degree or title)				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>5-16-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-21-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem,</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co, Mo</u>	
DATE RECD BY LOCAL REG. <u>MAY 17 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ellis Fun, Home 2820 Stoddard St</u>			

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Fulton E. Culkin

Student .....  
Student Embalmer

Licensed Embalmer No. 4198

P. O. Address Harris 13 m

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.