

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25724

FILED AUG 2 1949

BIRTH NO. _____ REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1693

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>S. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koch - MO</u> ()		c. LENGTH OF STAY (in this place) <u>77 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>	
		d. STREET ADDRESS (If rural, give location) <u>4428 Greer</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LOUIS</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>SLOAN</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>7 6 1949</u>

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>6-22-09</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>factory</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe</u>	11. BIRTHPLACE (State or foreign country) <u>MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Ben Sloan</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Saundgrew</u>	14. NAME OF HUSBAND OR WIFE <u>Alice Wright - wife</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>498-03-3679</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Koch Hospital record</u>	ADDRESS <u>Koch - 170</u>
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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>chronic Pulmonary tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-19--, 1949, to 7-6-, 1949, that I last saw the deceased alive on 7-6-, 1949, and that death occurred at 12 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Bernard Freeman, M.D.</u>	23b. ADDRESS <u>Koch Hosp.</u>	23c. DATE SIGNED <u>7-6-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7-8-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Desoto MO</u>
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DATE REC'D BY LOCAL REG. <u>7-12-49</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Doud</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>SE Molerokian</u>	ADDRESS <u>Desoto MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Andrew A. England

Student Embalmer No. *232*

working under my personal supervision.

Student
Student Embalmer

Signed *J. S. Metherhead*

Licensed Embalmer No. *3531*

P. O. Address *Edotom*

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.