

**STANDARD CERTIFICATE OF DEATH**

**FILED JAN 13 1951**

State File No. **42849**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11174**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>6182 McPherson</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6182 McPherson</b>		e. TOWN <b>2059</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>James</b>	b. (Middle) <b>D.</b>	c. (Last) <b>Sloan</b>	<b>Dec. 27, 1950</b>		

<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Separated</b>	<b>8. DATE OF BIRTH</b> <b>Jan. 30, 1877</b>	<b>9. AGE</b> (In years last birthday) <b>73</b>	<b>IF UNDER 1 YEAR</b> Months Days	<b>IF UNDER 12 HRS.</b> Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>baker</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> ----	<b>11. BIRTHPLACE</b> (State or foreign country) <b>unknown</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>unknown</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Unknown</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>unknown</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Anne Sloan, Chicago, Illinois</b>	<b>ADDRESS</b> <b>Chicago, Illinois</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Quarantine Coma</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Arteriosclerosis</b> <b>DUE TO (c) Heart Disease</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from June 17, 1950, to Dec 27, 1950, that I last saw the deceased alive on Dec 27, 1950, and that death occurred at 7:30 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>J. B. Richter</i>	<b>23b. ADDRESS</b> <i>35 Park Central</i>	<b>23c. DATE SIGNED</b> <i>Dec 28 1950</i>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>24b. DATE</b> <b>12-28-50</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Arlington Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Cook County, Illinois</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>DEC 28 1950</b>	<b>REGISTRAR'S SIGNATURE</b> <i>J. B. Richter</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Albert H. Hoppe</b>	<b>ADDRESS</b> <b>4700 Washington</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

*[Handwritten scribbles]*  
1117A

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 me

working under my personal supervision.

Student Embalmer No. ....

Signed [Signature]

Signed .....  
Student Embalmer

Licensed Embalmer No. 4299

P. O. Address [Signature]

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.