

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 3002

3002

Registrar's No. 221

|  |  |   |  |   |  |   |  |  |  |
|--|--|---|--|---|--|---|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____  |  | PRIMARY REG. DIST. NO. 1000   |  | Registrar's No. 221   |  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>318</b>  |  |   |  | 2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> |  |   |  | b. COUNTY _____  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>   |  |   | c. LENGTH OF STAY (In this place) _____          |   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b> 2129 |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>  |  |   |  | g. STREET ADDRESS (If rural, give location)<br><b>4935 Maryland</b>   |  |   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Ella</b>   |  |   | b. (Middle) <b>C.</b>                            |   | c. (Last) <b>Sluder</b>  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Jan. 8, 1951</b> |  |  |
| 5. SEX <b>female</b>   |  | 6. COLOR OR RACE <b>white</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>   |  | 8. DATE OF BIRTH <b>Oct. 7, 1872</b>  |  | 9. AGE (In years last birthday) <b>78</b><br>IF UNDER 1 YEAR: Months _____ Days _____<br>IF UNDER 6 HRS: Hours _____ Mins. _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b> |   |  | 11. BIRTHPLACE (State or foreign country) <b>Pittsburg, Pennsylvania</b>                              |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |  |
| 13a. FATHER'S NAME <b>Alexander Cochran</b>  |  |   | 13b. MOTHER'S MAIDEN NAME <b>Mary V. Andrews</b> |   |  | 14. NAME OF HUSBAND OR WIFE <b>Greenfield Sluder</b>  |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   |  | 16. SOCIAL SECURITY NO. <b>none</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME <b>John C. Sluder</b>   |  | ADDRESS <b>4935 Maryland</b>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                            |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>chronic myocarditis</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>auricula fibrillation</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 yrs</b><br><b>3 yrs</b>   |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |   |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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) _____   |  |   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR? <b>H272</b>  |  |   |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>Dec 8, 1947</b> , to <b>Jan 8, 1951</b> , that I last saw the deceased alive on <b>Jan 8, 1951</b> , and that death occurred at <b>1:20 a.m.</b> , from the causes and on the date stated above. |  |   |  |   |  |   |  |  |  |
| 23a. SIGNATURE <b>Wendy Becker</b>   |  |   | (Degree or title) <b>M.D.</b>                    |   | 23b. ADDRESS <b>3720 Washington</b>                                      |   | 23c. DATE SIGNED <b>1-8-51</b>                               |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>   |  | 24b. DATE <b>21-10-51</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>                              |  |  |  |
| DATE REC'D BY LOCAL REG. <b>JAN 9 1951</b>   |  | REGISTRAR'S SIGNATURE <b>J. B. Lanter</b>   |  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wagoner, 4911 Washington</b> |   |  |  |  |

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

1961

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.....

working under my personal supervision.

Student Embalmer No.....

Signed

*J. W. Bentley*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3653*

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.

Embalmer