

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35617

State File No.

8960

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1432 N. 14th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips			

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) c. (Last) Sleydin			4. DATE OF DEATH (Month) (Day) (Year) Oct. 9 1951		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 22, 1902	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 7 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Decorator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tunica Co., Miss.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Wallace Sleydin		13b. MOTHER'S MAIDEN NAME Nancy Cartwright		14. NAME OF HUSBAND OR WIFE Beatrice Sleydin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-03-0524		17. INFORMANT'S SIGNATURE OR NAME Beatrice Sleydin ADDRESS 1432 N. 14th St.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		ANTECEDENT CAUSES		DUE TO (b) Hypertensive Cardiovascular Disease Undet.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Chronic Glomerulonephritis		Undet.	
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"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? HHSX	

22. I hereby certify that I attended the deceased from **9-26**, 19**51**, to **10-9**, 19**51**, that I last saw the deceased alive on **10-9**, 19**51**, and that death occurred at **8:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. S. Harris (Degree or title) 0		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 10-9-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 13, 1951		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		DATE REC'D BY LOCAL REG. OCT 10 1951		REGISTRAR'S SIGNATURE J. H. Randle	
25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son		ADDRESS 3133 Bell Ave.			

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

J. Watson

Signed.....
Student Embalmer

Licensed Embalmer No. *2698*

P. O. Address *2769 Chow*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.