

FILED NOV 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. 35618

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9200

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Illinois</i> b. COUNTY <i>Effingham</i>		
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>2 Hours</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Effingham</i>		8120
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis Children's Hospital</i>			d. STREET ADDRESS (If rural, give location) <i>R.R. # 1</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>FRANCES</i> b. (Middle) <i>LORAIN</i> c. (Last) <i>SLOOP</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>10-19-51</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Whites</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>0</i>	8. DATE OF BIRTH <i>9-27-51</i>		9. AGE (in years last birthday) Months Days Hours Min. <i>3 mos.</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Effingham, Illinois</i>	
12. CITIZEN OF WHAT COUNTRY? <i>American</i>			13a. FATHER'S NAME <i>William Sloop</i>		
13b. MOTHER'S MAIDEN NAME <i>Hannah Harris</i>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>J. Young 505 So. Kingshighway</i>	
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Failure</i>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <i>Pneumonia</i>		
DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<i>2 days</i>		
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)	
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 <i>762.0</i>	
22. I hereby certify that I attended the deceased from <i>10-17</i> , 1951, to <i>10-17</i> , 1951, that I last saw the deceased alive on <i>10-17</i> , 1951, and that death occurred at <i>9:00</i> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Don L. Shuster M.D.</i>			23b. ADDRESS <i>Childrens Hospital</i>		23c. DATE SIGNED <i>10-18-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>10-18-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Oak Ridge Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Effingham, Ill</i>	
DATE REC'D BY LOCAL REG. <i>OCT 18 1951</i>		REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Albert H. Hoppe 4700 Washington</i>	

(Licensed Embalmer's Statement on Reverse Side)

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..... No Embalm.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.