

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10556

State File No.

FILED MAR 24 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2008**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) St Louis 2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS (If rural, give location) 2620 RUTGER	

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) SCHLITZMAN c. (Last) Slingmann		4. DATE OF DEATH (Month) (Day) (Year) FEB. 29, 1952	
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5. SEX FEM	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MAR	8. DATE OF BIRTH 4-25-1887	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 22 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME F. W. SCHLITZMAN	13b. MOTHER'S MAIDEN NAME JOSEPHINE TRUEDE	14. NAME OF HUSBAND OR WIFE
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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 HULDA GARRETT	ADDRESS 2620 RUTGER
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 wks.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
ANTECEDENT CAUSES			
Morbidity 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? 332X
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22. I hereby certify that I attended the deceased from **1-16-52**, 19___, to **2-29-52**, 19___, that I last saw the deceased alive on **2-29-52**, 19___, and that death occurred at **4:30P** m., from the causes and on the date stated above.

23a. SIGNATURE John S. Lawton	(Degree or title) 0 M.D.	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 3-1-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3-3-52	24c. NAME OF CEMETERY OR CREMATORY BETHANY	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo
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DATE REC'D BY LOCAL REG. MAR 3 1952	REGISTRAR'S SIGNATURE Carl Smith MO	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schuur	ADDRESS 3125 Lafayette
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(Licensed Embalmer's Statement on Reverse Side)

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

Case by all
M.D. 3-1-52

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed *Joseph Wollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Puyallup*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 1055652

County of _____ }
City of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2008

On this _____ day of _____, 19____, before me appears _____

_____, who, upon _____ oath, states that the original record of birth
Emma Slingmann died 2-29-1952 death
~~XXXX~~, 19____, in the State of
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 3 should read Emma Slingmann

Instead of _____ Emma Schlinhmann

Item No. 13a should read F.W. Slingmann

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) _____ Affiant Hulda Garrett Inf. Relationship.

2620 Rutger
Present Address.

Subscribed and sworn to before me this 22 day of October, 1957

Commission expires 3-4-57 Geo C. Pedersen Notary Public.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
COURT REPORTERS
1000 EAST WASHINGTON
ST. LOUIS, MISSOURI

