

FILED JUL 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26346**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **5878**

1. PLACE OF DEATH a. COUNTY -----		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town or town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give town or town) 4000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 10143 Farrington Drive	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Drake c. (Last) Sloat		4. DATE OF DEATH (Month) (Day) (Year) June 21, 1952	
5. SEX Male U	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 28, 1870
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR: Months 82 Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired clerk		10b. KIND OF BUSINESS OR INDUSTRY Wabash Railroad	11. BIRTHPLACE (City and State or Foreign Country) New York, New York /
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Drake Sloat	
13b. MOTHER'S MAIDEN NAME Myra Louise Robson		14. NAME OF HUSBAND OR WIFE Ida Temme Sloat	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. -----	
17. INFORMANT'S SIGNATURE OR NAME Miss Mayme Sloat		ADDRESS 10143 Farrington Drive	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Dis.</u> INTERVAL BETWEEN ONSET AND DEATH 6 yrs (?) ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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"/>			
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?		443X	
22. I hereby certify that I attended the deceased from Apr. 22, 1948 , to June 21, 1952 , that I last saw the deceased alive on June 21, 1952 , and that death occurred at 9:55 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Bernard Friedman M.D.		23b. ADDRESS 539 N. Grand Ave.	
23c. DATE SIGNED 6-23-52			
24a. BURIAL, CREMATION, REMOVAL, ENTOMBMENT (Specify) entombment		24b. DATE June 24, 1952	
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. JUN 24 1952		25. FUNERAL DIRECTOR'S SIGNATURE G. R. Lupton & Sons	
REGISTRAR'S SIGNATURE Carl Smith		ADDRESS 7233 Delmar Blvd.	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.