

FILED JAN 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 3597

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings 7118	
d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp.		d. STREET ADDRESS (If rural, give location) 8371 Eton Place	

3. NAME OF DECEASED (Type or Print) a. (First) Martin	b. (Middle) V.	c. (Last) Slevin	4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1954
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 6, 1886	9. AGE (In years last birthday) 67	# UNDER 1 YEAR Months	# UNDER 24 HRS Hours	# UNDER 2 HRS Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmarist Helper	10b. KIND OF BUSINESS OR INDUSTRY Clev. Ohio, DUSTRY City Hospital	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Thomas F. Slevin	13b. MOTHER'S MAIDEN NAME Margaret Burke	14. NAME OF HUSBAND OR WIFE None
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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) No.	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Mrs. R.B. Kelly	ADDRESS 8371 Eton Place
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mede Lung stroke		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion		
	DUE TO (c) Athero sclerosis		
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 4201	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) St. Louis, Mo.
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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?
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22. I hereby certify that I attended the deceased from **Jan 17, 1954**, to **Jan 14, 1954**, that I last saw the deceased alive on **Jan 14, 1954**, and that death occurred at **6:18 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. J. J. Sullivan, D.	23b. ADDRESS 917 Vermont Rd. Ferguson, Mo.	23c. DATE SIGNED 1-15-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 1-18-54	24c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 1-15-54	REGISTRAR'S SIGNATURE Herbert R. Dunder, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	ADDRESS 3840 Levee
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

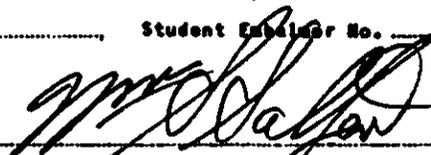
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4699

P. O. Address St Charles, 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.