

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14117  
State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3179

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>4 Yrs.</u>		c. CITY OR TOWN <u>St. Louis</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2 6417 January Ave. 2029</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>RAY</u> b. (Middle) <u>C</u> c. (Last) <u>SLEMMENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 6, 1954.</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>September 22, 1889</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>14</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Supply Dept.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal Mo.</u>				
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Sherman Slemmens</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Baudendistel</u>				
14. NAME OF HUSBAND OR WIFE <u>Mamie H. Slemmens Ave.</u>		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. <u>488-07-6496</u>				
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mamie Slemmens</u>		18. ADDRESS <u>6417 January</u>						
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Presumably pulmonary infarction secondary to Myocardial infarction</u> ANTECEDENT CAUSES <u>Generalized Arteriosclerotic cardio vascular disease - past 5 yrs.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 ds.</u>			
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) <u>St. Louis Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Dec. 13</u> , 19 <u>49</u> , to <u>Apr. 6</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Apr. 2/6</u> , 19 <u>54</u> , and that death occurred at <u>9:00a</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Walter R. Galt, M.D.</u>			23b. ADDRESS <u>5100 Arsenal St.</u>		23c. DATE SIGNED <u>4/6/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/9/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>		
DATE REC'D BY LOCAL <u>APR 8 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Gehken Sons</u>			ADDRESS <u>2630 Gravois Ave.</u>	

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

S.P. (Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed... *Robert F. Gebken* .....

Licensed Embalmer No. *414*

P. O. Address *2630 Gravois*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting:  
If this body is not embalmed, fact should be so stated above.