

STANDARD CERTIFICATE OF DEATH

FILED AUG 11 1954

State File No. 1709

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 100 Registrar's No. 1709

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KENTUCKY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MANCHESTER		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOUISVILLE	
c. LENGTH OF STAY (In this place) 3 MONTHS		d. STREET ADDRESS (If rural, give location) 3007 BEAUMONT RD.	
d. FULL NAME OF HOSPITAL OR INSTITUTION MANCHESTER NURSING HOME			

3. NAME OF DECEASED (Type or Print) a. (First) Martin b. (Middle) SLU c. (Last) SLUNG			4. DATE OF DEATH (Month) (Day) (Year) JULY 14 1954				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JAN. 12, 1951	9. AGE (In years last birthday) 3	# UNDER 1 YEAR Months 6	# UNDER 24 HRS. Days 2	# UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) LOUISVILLE, KENTUCKY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME RAFAEL SLUNG		13b. MOTHER'S MAIDEN NAME DOROTHY MILLER		14. NAME OF HUSBAND OR WIFE NONE	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOS. G. SCHWARTZ 126 LANCASTER	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac dilatation		1 day			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis		2 yrs			
		DUE TO (c) Mongolian Idiot		life			
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		4222		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?	

22. I hereby certify that I attended the deceased from 7-1, 1954 to 7-14, 1954 that I last saw the deceased alive on 7-13, 1954; and that death occurred at 2:35 PM, from the causes and on the date stated above.

22a. SIGNATURE (Degree of title) R. A. Heschel		22b. ADDRESS Kirkwood, Mo		22c. DATE SIGNED 7/16/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE 7-16-54		24c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI	
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DATE REC'D BY LOCAL REG. 7/16/54		REGISTRAR'S SIGNATURE R. A. Heschel		FUNERAL DIRECTOR'S SIGNATURE ADDRESS HERMAN RINDSKOPE, INC. 5216 DELMAR	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John Ketter

Licensed Embalmer No. 3880

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.