FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008170
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 518

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood — Inside Limits Yes X No ☐	c. CITY OR TOWN Kirkwood 4723 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DOA St. Joseph Hosp. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 44 Forest Glen — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: Leon	Middle: Edward	Last: Slavick	4. DATE OF DEATH Month Day Year: Feb. 17, 1958
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: April 2, 1895	9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Installation Foreman	10b. KIND OF BUSINESS OR INDUSTRY: S.W. Bell Tel. Co.	11. BIRTHPLACE (City and state or country): St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY?: U.S.A.	
13. FATHER'S NAME: Stanislaus Slavick		14. MOTHER'S MAIDEN NAME: Antoinette Smilowski		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War One	16. SOCIAL SECURITY NO.: 488-07-5855	17. INFORMANT: Loretta F. Slavick, Address Kirkwood, Mo. 44 Forest Glen		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary embolism

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Coronary heart disease

DUE TO (c): 4201

INTERVAL BETWEEN ONSET AND DEATH: 18 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-10-30, to 2-17-58 and last saw her/him alive on 1-30-58
Death occurred at 8: A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. A. Sterling M.D.	22b. ADDRESS: Maplewood, Mo.	22c. DATE SIGNED: 2-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 2/19/58	23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery	23d. LOCATION (City, town, or county) (State): Kirkwood, Mo.
24. FUNERAL DIRECTOR ADDRESS: Pfitzinger Mortuary, Kirkwood, Mo.	25. DATE RECD. BY LOCAL REG.: 2-18-58	26. REGISTRAR'S SIGNATURE: Herbert R. Domke M.D. JN	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ben E. Hoffman

Licensed Embalmer No. 43

P. O. Address Stevens Co

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.