

S. No. 2
M-100
5-17
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 22 1944

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 183

1. PLACE OF DEATH

(a) County Cole

(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks
(Specify whether years, months or days)

In this community 4 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 512 E. State Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME OTTO SLEETER

3. (b) If veteran, name war 3. (c) Social Security No. 49272-7133

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Laura Johnson 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased May 20, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>2</u>	<u>16</u>	<u>hr.</u> <input type="checkbox"/> <u>min.</u> <input checked="" type="checkbox"/>

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Claus Sleeter

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Gemma Thompson

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joseph M. Orr

(b) Address Harlow, Washington

17. (a) Burial (b) Date thereof 8/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California, Mo.

18. (a) Signature of general director Joseph B. Diller

(b) Address Jefferson City, Mo.

19. (a) 8-2-44 (b) Theresa Pichler
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6 year 1944 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 28 to August 6, 1944
that I last saw him alive on August 6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Decomposed heart
arteriosclerosis
general

Due to ulcer at site of old gastrostomy

Other conditions arteriosclerosis
general

Major findings: Of operations None
Of autopsy ulceration at gastrostomy site

12. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. B. Diller M. D. or other _____
Address Jefferson City, Mo. Date signed 8/7/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

26
5
4

894

56165

AUG 28 1944

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 8-21-44

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Sylvester D. Miller*

Licensed Embalmer No. *4321*.....

P. O. Address..... *Jefferson City, 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.