

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

10095

1. PLACE OF DEATH

County.....

Registration District No.

791

Township.....

Primary Registration District No.

1003

File No.

City.....

(No.)

4405 So. Grand Blvd.

Registered No.

2676

St.

Ward)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

4405 So. Grand Blvd.

St.

15

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. - mos. 25 ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Sophia Slattery

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb. 20 1864

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

63

-

27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo.

10. NAME OF FATHER

John Slattery Sr.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York

12. MAIDEN NAME OF MOTHER

Mary Higgins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York

14.

INFORMANT

(Address)

Sophia Slattery
4465 So. Grand

15.

FILED

19 10 13

Mar C Starkoff Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

19 27
March 17

17.

I HEREBY CERTIFY, That I attended deceased from March 12, 1927, to March 16, 1927, that I last saw him alive on March 16, 1927, and that death occurred, on the date stated above, at 2:14 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Lobar Pneumonia
103 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY)

101 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... NO DATE OF

WAS THERE AN AUTOPSY?..... NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)..... Oscar B. Engelman

, 19 (Address) 3155 S Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Sunset Burial Park

3-19 19 27

20. UNDERTAKER

ADDRESS

Mr. Schumacher

2013

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

W. Engelmann