

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

Do not use this space.

2537

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo. (No. St. Anthony Hosp) Registered No. 87  
 St. .... Ward)

**2. FULL NAME**

George Slockett  
 (a) Residence. No. Madison Wisconsin St., 16 Ward. Madison Wisc.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.  
 (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 14 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 11 19

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer) Baker  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

10. NAME OF FATHER John W. Slockett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) "

14. INFORMANT Albert M. Sangumetta  
 (Address) 719 Chestnut St.

15. FILED 1928 May 6 Starkley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 3 - 1928.

17. HEREBY CERTIFY That I attended deceased from Dec 22, 1927 to Jan 3, 1928  
 that I last saw him alive on Jan 3, 1928, and that death occurred, on the date stated above, at 1:25 4 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Myocarditis  
129 (duration) yrs. mos. 7 da.  
 CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis  
 (duration) yrs. 6 mos. da.

18. WHERE WAS DISEASE CONTRACTED Madison, Wisconsin  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical & clinical & laboratory  
 (Signed) W. H. Walker M.D.

1/3, 1928 (Address) 3608 S. Grand St.

\*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 Madison Wisconsin DATE OF BURIAL Jan. 5 1928.

20. UNDERTAKER Ziegenhein Bros. 2623 S. Chesnut ADDRESS

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.

