

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

Do not use this space. ✓

38691

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 4637 N. Shenandoah St. 17 Ward)

File No.....  
 Registered No. 11325

**2. FULL NAME**

Joseph Thomas Slawson  
 (a) Residence No. 4637 N. Shenandoah St. 17 Ward.  
 (b) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Nellie G. Slawson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 18, 1894</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>5</u>
	DAY <u>2</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Interior Decorator</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Proprietor</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
PARENTS	10. NAME OF FATHER <u>James Slawson</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	12. MAIDEN NAME OF MOTHER <u>Sannah Baer</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 20, 1928

I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1928, to Nov. 20, 1928 that I last saw h. a. a. alive on Nov. 12, 1928, and that death occurred, on the date stated above, at 12 noon.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
46A  
1074  
1  
 (duration) ..... yrs. .... mos. 5 ds.  
 CONTRIBUTORY Cancer of esophagus  
 (SECONDARY) (duration) 1 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED?  
 IF NOT A PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS clinical  
 (Signed) J. R. Ferguson M. D.  
 , 19 (Address) 3701 Adelmar

\*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.

14. INFORMANT Nellie G. Slawson  
 (Address) 4637 N. Shenandoah

15. FILED Nov 21 1928  
 REGISTRAR W. C. Stork

19. PLACE OF BURIAL, CREMATION, OR REMOVAL  
St. Louis  
St. Charles Cemetery

DATE OF BURIAL 11-23-1928

20. UNDERTAKER  
Engelhaus & Co. Manchester

ADDRESS 4104

WRITE PAINLY, 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.

