

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

Do not use this space.

31167

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... St. Louis Mo. (No. Missouri Baptist Sanitarium) St. Ward

File No. 8756
Registered No.

2. FULL NAME Hilton H. Slayton

(a) Residence No. 5675 Waterman St. 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 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 Bernice Slayton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 3, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 0 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stock Brooker
(b) General nature of industry, business, or establishment in which employed (or employer) Self.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vt.

10. NAME OF FATHER Edward Slayton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Vt.

12. MAIDEN NAME OF MOTHER Jennie Hovy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Maine

14. INFORMANT Bernice Slayton
(Address) 5675 Waterman

15. FILED SEP - 19 1930 Max H. Harrell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 4 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-20, 1930, to 9-4, 1930, that I last saw him alive on 9-4, 1930, and that death occurred, on the date stated above, at S. A. M.

130 THE CAUSE OF DEATH* WAS AS FOLLOWS:
1115
Impairments of both lungs
& heart - Autopsy report
cause unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute nephritis
cause unknown (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? yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. Carl R. Rice, M. D.

9-5, 1930 (Address) 4960 W. Acadia Ave.

*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 Missouri Crematory DATE OF BURIAL 9/6/30

20. UNDERTAKER M. Laughlin ADDRESS 1631 Mo. ave.

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.

INTERNAL SECURITY

8/1/52

1951

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