

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

Do not use this space.

2999

1. PLACE OF DEATH  
 96 County St Louis Registration District No. 785- File No. ....  
 5 Township ..... Primary Registration District No. 3037 Registered No. 36  
 7 City Kirkwood Mo. (No. 5 Hill Crest Pl Kirkwood) ..... Ward)  
 2. FULL NAME Ella Slater  
 (a) Residence, No. 5 Hill Crest Pl St. .... 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 Female 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 John Slater  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
about 74  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis County  
 MOTHER FATHER 13. NAME unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 15. MAIDEN NAME unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 17. INFORMANT Claude Madison (ADDRESS) St Joseph mo  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Bellefontaine DATE Jan 17 1933  
 19. UNDERTAKER (ADDRESS) A. N. Ross L & S Co  
2707 N Grand Blvd  
 20. FILED 1/14 1933 Ellie Bernhardt Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1933  
 22. I HEREBY CERTIFY, that I attended deceased from Jan 5 1933 to Jan 13 1933  
 I last saw her alive on Jan 13 1933 Death is said to have occurred on the date stated above, at 12:45 PM.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia - influenza -  
Right & Left lungs.  
 Date of onset  
 Other contributory causes of importance:  
Influenza -  
 Name of operation None Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. ....  
 Manner of injury .....  
 Nature of injury .....  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....  
 (Signed) J. H. Thomas M. D.  
 (Address) 21 N. Kirkwood Road Kirkwood Mo

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.

