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.

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

Do not use this space.

22158

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Hosp. (Ward) City Hosp. #1 St. ..... Ward)

File No. ..... Registered No. 5930

2. FULL NAME William J Slattery

(a) Residence, No. 3642½ Easton Ave St., 11 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~~ Marie Slattery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18th. 1884

7. AGE: 49 yrs — YEARS: — MONTHS: 7mo — DAYS: 27 day — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

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 Mo.

FATHER

13. NAME Jeremiah Slattery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Johanna Cronin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Miss Mary Slattery 4927m Highland Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Camt. DATE June 16th 1934

19. UNDERTAKER (ADDRESS) Harrigan & Sheehan Und Co 4415 Washington Blvd.

20. FILED ..... 19 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

195

1 Fracture base of skull

1 Manner and cause could not be ascertained

Date of onset

195

Other contributory causes of importance:

Chr. Myocarditis

Chr. Interstitial Nephritis

Fibrous Pleurisy

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Open Verdict Date of injury ..... 19.....

Where did injury occur? Unk (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Unknown.

Manner of injury Unknown

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John J. Sweeney, ~~M.D.~~

(Address) Deputy Coroner

6/15/34