

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.

NOV 8 1934

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

Do not use this space.

37197

**1. PLACE OF DEATH**

County St. Louis Registration District No. 7-11  
 Township Wentzville Primary Registration District No. 1-1-33  
 City Jennings, Mo. (No. 8928) Huskamp St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 215  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 8928 Huskamp 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 21 1872</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>0</u>
	DAYS <u>10</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Building</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>labourer</u>	
	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) <u>Paducah Ky.</u>		
FATHER	13. NAME <u>James Slaughter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>11</u>	
17. INFORMANT <u>George Slaughter</u> (ADDRESS) <u>8928 Huskamp av.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>National Cem.</u> DATE <u>11-2</u> 19 <u>34</u>		
19. UNDERTAKER <u>Wirth Bros. &amp; N. Co.</u> (ADDRESS) <u>2929 Jefferson Av.</u>		
20. FILED <u>Oct. 31</u> 19 <u>34</u> <u>M. D. Zettler</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/29/34, 19....., to 10/31/34, 19.....

I last saw him alive on 10/31/34, 19..... Death is said

to have occurred on the date stated above, at 6 a.m.

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

Chronic myocarditis

acute  
107A 93

Other contributory causes of importance:

broncho-pneumonia

Name of operation..... none 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?..... 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?.....

If so, specify no

(Signed) J. H. Stein, M. D.

(Address) 6815 W. Florissant

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