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

AUG 25 1936

Do not use this space.

27905

File No.

Registered No. 202

1. PLACE OF DEATH

County St. Louis — Registration District No. 489

Township ~~Normandy~~ Central — Primary Registration District No. 6633

City (No. Maxwelton Lake, St. Charles Rock road and Pennsylvania Ave. St. Ward)

2. FULL NAME Harold Slaten,

(a) Residence, No. 1341 Hodiamont 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| m | W | single |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30th 1918

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 17 | 8 | 8 | |

OCCUPATION

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

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

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 Harry Slaten,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grafton, Ills.

MOTHER

15. MAIDEN NAME Martha Cannell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Harold Slaten, 1341 Hodiamont

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon, Cem. DATE 7-11- 1936

19. UNDERTAKER (ADDRESS) Geo. L. Blitschke Jr. 5966 Easton Ave. Wellston, Mo.

20. FILED 7-11- 1936 Ada Bachmer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/8/1936, 19

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 5PM m.

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

Accidental drowning in Maxwelton Lake, St. Charles Rock road and Pennsylvania Ave. Normandy Township, St. Louis County, Mo. Went out in this lake, swimming with other comrades, unable to swim, as well as the others

Date of onset

Other contributory causes of importance:

got into deep water and drowned before others could get to him. Fire Departments were called and finally gotten out by deep divers and re-

Name of operation OVER Date of

What test confirmed diagnosis? Was there an autopsy? no

Coroner's View

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

(Signed) Luke O'Brien 7/10/36 M. D.

(Address) 3718 Jennings Rd.

Coroner St. Louis Co., Mo.

suscitation by all methods failed.