JUL 31 1937

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

1 Do not use this space.

File No. 24936
Registered No. 62

1. PLACE OF DEATH
County St. Louis
Township
City University City (No. 7233 MARYLAND St. Ward)
Registration District No. 1160
Primary Registration District No. 4470

2. FULL NAME MARY ANN SLUGGETT

(a) Residence, No. 7233 MARYLAND 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)
FEMALE	WHITE	WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF JOHN T. SLUGGETT.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 10. 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	81	9	5.	

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) MO.

FATHER
13. NAME THOS. PENDERGAST.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND.

MOTHER
15. MAIDEN NAME BRIDGET. GLYNN.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND.

17. INFORMANT John. T. SLUGGETT, JR.
(ADDRESS) 7233 MARYLAND.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY. DATE JUNE 17 1937

19. UNDERTAKER LAWRENCE MULLEN
(ADDRESS) 5165 DELMAR BLVD.

20. FILED June 16 1937 Lena V. Moeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 30 1937, to June 14 1937
I last saw her alive on June 14 1937. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Mar

Other contributory causes of importance:

Exhaustion

Name of operation Date of
What test confirmed diagnosis? Usual Was there an autopsy? No

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. C. Graves, M. D.
(Address) Paul Brown Bldg

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.