AUG 30 1937

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

Do not use this space

1. PLACE OF DEATH
County St. Louis 2 Registration District No. 789 File No. 28328
Township Central 1 Primary Registration District No. 6033 Registered No. 206
City (No. Lackland, Mo. St. Ward)

2. FULL NAME Avery Slagle
(a) Residence, No. 1146 Sutter Ave. St., Ward. Maplewood
(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: Mary Slagle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 8th, 1880

7. AGE: 57 YEARS, 5 MONTHS, 18 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R. R. Agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Rock Island R.R.
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): Missouri

FATHER
13. NAME: Oliver A. Slagle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Mary Slagle, Lackland, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laurel Hill Cem. DATE July 28th, 1937

19. UNDERTAKER (ADDRESS): Drehmann Vanal, 1905 Union Blvd.

20. FILED 7-27- 1937 H A Boehmer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 26th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936, to July 26, 1937
I last saw him alive on July 20, 1937. 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:

	Date of onset
Carcinoma of the Bladder	9/1/36

Other contributory causes of importance: 51

Name of operation Resection Date of 11/9/37
What test confirmed diagnosis? Microscop 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?
If so, specify
(Signed) H. L. Meeder, M. D.
(Address) Clayton Mo
250 Central Ave

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.

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