

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50 M. 20-37 I X12004

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

20752
Do not use this space.

REC'D JUL 12 1938

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... **St. Louis**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. **791**
Primary Registration District No. **1008**
(d) Street No. **Desloge Hospital**
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. **5891**

2. PRINT FULL NAME **Martha Slawson**

(a) Residence, No. **3223 Vista Ave** St. **18**
(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX Female	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 John B. Slawson				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 1864				
7. AGE	YEARS 74	MONTHS 2	DAYS 25	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. At Home			
	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) Illinois				
FATHER	13. NAME George Fults			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois			
MOTHER	15. MAIDEN NAME Luella Cheeks			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois			
17. INFORMANT John B. Slawson (ADDRESS) 3223 Vista Ave				
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter and Paul DATE July 1 1938 , 19				
19. FUNERAL DIRECTOR Peetz Brothers (ADDRESS) 3029 Lafayette Ave				
20. FILED JUN 30 1938 J. T. Brubaker Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	June 28 1938 , 19
22. I HEREBY CERTIFY, That I attended deceased from June 1 , 1938, to June 28 , 1938. I last saw her alive on June 28 , 1938. Death is said to have occurred on the date stated above, at 7:40 P.M. The principal cause of death and related causes of importance were as follows: Acute Lobar Pneumonia Other contributory causes of importance: Cerebral Hemorrhage Diabetes Mellitus	
Date of onset	3 days
Name of operation _____ Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? _____	
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. T. Brubaker M. D. (Address) 3206 Lafayette Ave	

STATEMENT BY LICENSED EMBALMER

I, Frank J. Owens, Licensed Embalmer No. 2245

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Frank J. Owens

Licensed Embalmer No. 2245

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)