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.

DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

37887
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis Mo 1 Registration District No. 1008
(b) Township 2 Primary Registration District No. Registered No. 10214
(c) City (d) Street No. Mo Pac Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME 11.24 Charles Monroe Slagle
(a) Residence, No. 522 No 13th St St. N.R. E St Louis Ill.
(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: Ma
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: Eula Slagle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-29-1888

7. AGE: YEARS 50 | MONTHS 4 | DAYS 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Bukeman
9. Industry or business in which work was done, as saw mill, bank, etc.: Rail Road
10. Date deceased last worked at this occupation (month and year): Oct 24, 1938
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carbondale Illinois

FATHER
13. NAME: Sylvester Slagle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carbondale Illinois

MOTHER
15. MAIDEN NAME: Sarah Thorpe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carbondale Illinois

17. INFORMANT (ADDRESS): Mrs Charles Slagle East St Louis Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carbondale Ill DATE 11-25 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Carbondale Funeral Home Carbondale Ill.

20. FILED NOV 25 1938 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1937, to Nov, 1938
I last saw him alive on Nov 25, 1938. Death is said to have occurred on the date stated above, at 10:35 A.m.
The principal cause of death and related causes of importance were as follows:

Acute Coronary occlusion

Date of onset

ZH

Other contributory causes of importance:
C. N. S. Syphilis
Hemiplegia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) A. M. Boyd, M. D.
(Address) Mo Pac Hosp.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Howard G. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

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

If this body is not embalmed, above space should be left blank.