

N 20 1939

RECEIVED FEB 7 1939

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

3796
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township _____ Primary Registration District No. 100 Registered No. 117
(c) City Ferguson (d) Street No. 231 Marguerite Ave. 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

Ernest Slater
(a) Residence, No. 231 Marguerite Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Madeline A. Slater
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5th, 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 5 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanical Engineer
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
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) New Jersey

FATHER 13. NAME Robert Slater

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Mary Gaufe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Madeline Slater
231 Marguerite Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE Jan. 21st 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehmann & Son
1905 Union Bldg

20. FILED JAN 20 1939 900. Meyer Local Registrar. 707

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18th 1939
22. I HEREBY CERTIFY, That I attended deceased from 1-4-39 to 1-18-39
I last saw him alive on 1-18-39 Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Caecum
if is
Other contributory causes of importance: Continuation

Date of onset 12-10-38

1-1-30

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray 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 none
(Signed) Scott R. Kunkin, M. D.
(Address) 340 Cornfield 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.

384 / Berwick Pa

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..... *R M Sanford*
Licensed Embalmer No..... *2273*
P. O. Address..... *St Louis*

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.)

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