

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution About 1 Hour
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Thomas J. Slattery 4368. (b) If veteran, name war No 8. (c) Social Security No. 489-14-08854. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Frieda 6. (c) Age of husband or wife if alive 26 years7. Birth date of deceased April 3, 1898
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
41 2 18 hr. min.9. Birthplace New York
(City, town, or county) (State or foreign country)10. Usual occupation Stenographer11. Industry or business Social Security Board12. Name Thomas J. Slattery Sr.13. Birthplace New York
(City, town, or county) (State or foreign country)14. Maiden name Cora Cramer15. Birthplace New York
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Miss Cora Slattery(b) Address 2014 Oregon Ave17. (a) Burial (b) Date thereof June 24 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Grove Cemetery18. (a) Signature of funeral director Petz Brothers(b) Address 3029 Lafayette Ave19. (a) JUN 23 1939 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL") 1 23
 (d) Street No. 2014 Oregon Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st 1939
year 1939 hour 4:20 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration

Coronary Sclerosis;
Fatty Degeneration of Liver.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(a) Years of injury _____23. Signature [Signature] (M. D. or other) _____Address [Signature] Date signed 6/23/39

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.

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed *Francis J. Jones*.....

Licensed Embalmer No. *2245*.....

P. O. Address *St. Louis, Mo.*.....

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.