

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 8954
 Registrar's No. 2437

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(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 6 Days
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 2606 A Alhambra Court
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME William Slater

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hatty Slater 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March 17, 1879
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 24
hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk-City of St. Louis

11. Industry or business Bridge Maintainance Dep

MOTHER FATHER { 12. Name William Slater
 13. Birthplace New York
(City, town, or county) (State or foreign country)
 14. Maiden name Don't know
 15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Natty Slater
 (b) Address 2606 A Alhambra Court

17. (a) Cremation (b) Date thereof 3/13/40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Weick Bros. Und. Co
 (b) Address 2201 S. Grand Bl

19. (a) MAR 13 1940 (b) _____
(Date filed and local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11,
 year 1940 hour 6:55 minute _____ P. M.

21. I hereby certify that I attended the deceased from March
6, 1940 to March 11, 1940
 that I last saw him alive on March 11, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Prothrombin As thromb
 Due to _____ 10 days
 Due to _____

Other conditions None
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy None

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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?

23. Signature J. F. Budich (M. D. or other) _____
 Address 1515 Lafayette Date signed 3/12/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

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

Signed



Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.