

No. 2
4-13-40
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X23159

DEC 12 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41856

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1299

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hrs
In this community 1 hour (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1606 S. 24th
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Madeleine Slater (Twin)
(b) If veteran, name war None
(c) Social Security No. None

1 MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 12th
year 1940 hour 1:15 minute 15 AM.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

21. I hereby certify that I attended the deceased from Dec 11 1940 to Dec 12 1940;
that I last saw her alive on Dec 12 1940;
and that death occurred on the date and hour stated above.

7. Birth date of deceased Dec. 11 1940
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
0 0 0 1 hr. 25 min.

Immediate cause of death Removal
6 months

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business 0

Due to 14
Due to 12
Other conditions Wasserman neg
(Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name Harold M. Slater
13. Birthplace St. Joseph Missouri
14. Maiden name Margurite Bennett
15. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations
Of autopsy no
Underline the cause to which death should be charged statistically.

16. (a) Informant Harold M. Slater
(b) Address 1606 S 24th St. St. Joseph, Mo
17. (a) Burial (b) Date thereof Dec, 12, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet cemetery

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?

18. (a) Signature of funeral director H.O. Sidenfaden & Son
(b) Address 1802 Union Str. St. Joseph, Mo.
19. (a) Dec 12, 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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While at work? (Specify type of place) (c) Means of injury
23. Signature [Signature] (M. D. or other)
Address Kempman St. ST. JOSEPH
Date signed 12/14/40

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

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 *Albert C. Herington*.....

Licensed Embalmer No. 3258.....

P. O. Address St. Joseph, 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, fact should be so stated above.