No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 2 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30357

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 7696

1. PLACE OF DEATH:

(a) County Out

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary Inf. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 54 yrs. 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17 9

(c) City or town St. Louis 19 (If outside city or town limits, write "RURAL")

(d) Street No. 4216 Enright (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Frank Slaughter

3. (b) If veteran, name war World War

3. (c) Social Security No.

4. Sex M. 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband or~~ wife Sarah

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased 10 (Month) 2 (Day) 1886 (Year)

8. AGE: Years 54 Months 10 Days 24 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired fireman

11. Industry or business

FATHER
12. Name Thomas Slaughter
13. Birthplace unavailable (City, town, or county) Texas 1 (State or foreign country)

MOTHER
14. Maiden name Laura Lawrence
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Sarah Slaughter

(b) Address 4216 Enright

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Bennie Love

(b) Address 3103 Washington

19. (a) SEP 24 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1941 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from December 18, 1940, to Sept. 21, 1941; that I last saw him alive on Sept. 21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis with Hypertension, Chronic Myocarditis

Duration Dec 18, 1940 to Sept. 21, 1941

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 131B

Major findings:
Of operations

Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (Thomas) (M. D. or other)

Address 8228 M. Jefferson Date signed 9/23/41

(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 Melvin Blackburn

Licensed Embalmer No. 3962

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.