S. No. 2
—1-4-41
. 5-17-39
P1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1968

Registrar's No. 1753

FILED MAR 17 1942

Registration District No. 791

Primary Registration District No. 1003

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: firmin desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours (Specify whether years, months or days)

In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 22 099

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

(d) Street No. 2630 Rutger Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ERVIN SLADE

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased June 10, 1913 (Month) (Day) (Year)

8. AGE: Years 28 Months 8 Days 14 If less than one day hr. min.

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

10. Usual occupation musician

11. Industry or business cowboy band

FATHER
12. Name Frank Slade
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ethel Harris
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Slade
(b) Address 2630 Rutger Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Burial Pk.

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) FEB 25 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25 year 42 hour minute M.

21. I hereby certify that I attended the deceased from 11/10/41, 19..., to 2/25/42, 19..., that I last saw h. alive on 2-25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor, Malignant — Duration 2-3 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Brain Tumor
Of autopsy None done

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 R. Dean Woolsey (M. D. or other) MD
Address 4952 Maryland Date signed 2/26/42

(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 Charles V. Neighbors, Registered Apprentice No. 319, working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3652

P. O. Address 2317 Lafayette

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.