

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (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 Homer G. Phillips Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo. 3 days
 (Specify whether years, months or days)
 In this community 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4337 Finney (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME

Clarence Slack

3. (b) If veteran, name war

3. (c) Social Security No. 494-675319

4. Sex Male 5. Color or race Col
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ruth Slack
 6. (c) Age of husband or wife if alive 25 years
 7. Birth date of deceased 8/15/1916
 (Month) (Day) (Year)

8. AGE: 25 Years 10 Months 17 Days If less than one day
 hr. min.

9. Birthplace Mobile Ala
 (City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business

12. Name Henry Slack
 13. Birthplace Ala
 (City, town, or county) (State or foreign country)
 14. Maiden name Josephine
 (City, town, or county) (State or foreign country)
 15. Birthplace Mobile Ala
 (City, town, or county) (State or foreign country)

16. (a) Informant Ruth Slack
 (b) Address 4337 Finney Ave

17. (a) Burial (b) Date thereof 7/8/1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
Washington Park Cem
 (c) Place: burial or cremation

18. (a) Signature of funeral director Pinkie L Toney
 (b) Address 3129 Lucas Ave

19. (a) III 6 1942 (b) J. J. Bedeak
 (Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2,
 year 1942 hour 10 minute 15 P.A.M.

21. I hereby certify that I attended the deceased from May 29,
1942 19 to July 2, 1942;
 that I last saw him alive on July 2, 1942;
 and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease with sub-acute Bacterial Endocarditis 7 days

Due to
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
 Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature J. E. Smith (M. D. or other)
 Address 2601 Whittier Date signed 7/9/42

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 *me*
..... Registered-Apprentice. No.....
working under my personal supervision.

Signed.....

Charles Young

Licensed Embalmer No.

3371

P. O. Address.....

St. Louis

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.