

FILED DEC 9 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
 (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:
BARNES HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 days
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Sutton Owen Slade

3. (b) If veteran, name war None

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. Alta B. Slade

6. (c) Age of husband or wife if alive. 64 years

7. Birth date of deceased May 28 1875
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>5</u>	<u>27</u>	hr. _____ min.

9. Birthplace Adams County, Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name Abraham Slade

13. Birthplace Unknown Maryland
 (City, town, or county) (State or foreign country)

14. Maiden name Amanda Lytle

15. Birthplace Unknown Maryland
 (City, town, or county) (State or foreign country)

16. (a) Informant Alta B. Slade

(b) Address 611 N. 34th - Quincy, Illinois

17. (a) Removal _____ **(b) Date thereof** 11/26/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quincy, Illinois

(a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd

19. (a) NOV 26 1943 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Adams

(c) City or town Quincy
 (If outside city or town limits, write "RURAL") CNR

(d) Street No. 611 North 24 th St.
 (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25
 year 1943 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from
November 8 1943 to November 25 1943
 that I last saw him alive on November 25 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia broncho-
Postoperative atelectasis
operation for removal of
esophageal diverticulum, 2nd
stage.

Due to _____

Due to _____

Other conditions _____
 (If child pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Esophageal diverticulum
 Of operations left.

Of autopsy _____

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) _____

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 _____

23. Signature J. F. Bredeck (M. D. or other) F. R. Malley
 Address BARNES HOSPITAL Date signed 11/26/43

F.R.M.

10359

10359

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 *John Gnoska*
Licensed Embalmer No. *3348*
P. O. Address.....

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.