V. S. No. 2
00M—8-43
ev 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32835

Registrar's No. 9438

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: 3127 Whittier Ave. (If not in hospital or institution, write street number or location)

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

In this community years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1017

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

(d) Street No. 3127 Whittier Ave. (If rural, give location)

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

If yes, name country ?

3. (a) PRINT FULL NAME William L Slattery

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

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Emma N. Slattery

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased 12 (Month) 3 (Day) 1888 (Year)

8. AGE: Years 55 Months 11 Days 3 If less than one day hr. min.

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

10. Usual occupation Post Office Clerk

11. Industry or business

FATHER
12. Name John L Slattery
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Sophie Suess
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. Emma Slattery

(b) Address 3127 Whittier Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 8 (Day) 44 (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Sullivan Funeral Dir.

(b) Address 2849 N. Euclid Ave

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

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov day 6th year 1944 hour 12 minute 30 A M.

21. I hereby certify that I attended the deceased from Nov 28th 1941, 19 to Nov 6th, 1944; that I last saw him alive on Nov 5th, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1 day
Due to: Arterio sclerosis	3 yrs
Due to: Hypertension	3 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no

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 James A Sullivan (M. D. or other)

Address 28 64th N Union Bl Date signed 11-6-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. James A Sullivan

2864 No . Union Ave.

Mec. 4422 today

3.30 to 4.30 or 7.00 pm to 8.00

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 Robert L Brinkman

Licensed Embalmer No. 3553

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.