

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34712

State File No. _____
Registrar's No. 2562

Registration District No. 317 Primary Registration District No. 3066

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town KIRKWOOD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 YR 5-WOODLAWN HOTEL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community ALL HER LIFE (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS 96
(c) City or town KIRKWOOD 4
(If outside city or town limits, write "RURAL")
(d) Street No. 211 N WOODLAWN AVE. 3
(If rural, give location) 6
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME MARY H. SLAUGHTER
3. (b) If veteran, name war NO 3. (c) Social Security No. NONE
4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased DECEMBER-25-1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOV day 6
year 1945 hour 9 minute 15A M.
21. I hereby certify that I attended the deceased from Oct 27
1945 to _____ 19____;
that I last saw her alive on Oct 27 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 10 12 hr. _____ min.

Immediate cause of death carditis Duration
Nephritis long standing
Due to _____
Due to _____

9. Birthplace WEBSTER GROVES MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business _____

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.

MOTHER FATHER
12. Name JOHN W. SLAUGHTER
13. Birthplace CULPEPPER VIRGINIA
(City, town, or county) (State or foreign country)
14. Maiden name ALICE HELFESTEIN
15. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant GLENN W. HUTCHINSON
(b) Address 135 S ROCKHILL RD. W.G.
17. (a) N BURIAL (b) Date thereof NOV
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEM.
18. (a) Signature of funeral director Parker Ind Co
(b) Address WEBSTER GROVES MO
19. (a) 11-8-45 (b) E. S. [Signature]
(Date received local registrar) (Registrar's signature)

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 _____
23. Signature Irma W. Blanchard M.D. (M. D. or other)
Address Oct 7-45 Date signed Nov 7-45

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

NOV 28 1945

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 W. B. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves Mo

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.