

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X38671

7951

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **1509**

FILED FEB 20 1946
318

Registration District No. _____ Primary Registration District No. **1003**

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

6901

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60 years years, months or days)

3. (a) PRINT FULL NAME Mary Slaughter

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dead 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 15 (Month) (Day) (Year)

8. AGE: Years 93 Months 8 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name Unknown 9

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

14. Maiden name Unknown 9

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

16. (a) Informant Mrs. Grace James

(b) Address 14-1 49 E. Light Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16 1946 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's

18. (a) Signature of funeral director James J. Smith

(b) Address 4247 N. Lechelt Ave

19. (a) FEB 13 1946 (Date received local registrar) (b) J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4472 Barnes Ave 79
5462 Brown (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11 year 1946 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1-27- 19 46 to 2-11 19 46; that I last saw her alive on 2-11 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas; Broncho-Pneumonia Duration Unk

Due to _____
Due to Hog

Other conditions General Arteriosclerosis Unk
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Yes Unk
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 _____

23. Signature J. J. Ayers (M. D. or other) _____
Address 2601 N. Whittier Date signed 2/13/46

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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 Lawrence E. Williams

Licensed Embalmer No. 4341

P. O. Address St. Louis 13 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.