

No. 1-5-24  
5-17-39  
I X36674

**FILED AUG 5 1948 STANDARD CERTIFICATE OF DEATH**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

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:  
**City Infirmary**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9 months 3 days**  
(Specify whether \_\_\_\_\_)  
In this community **42 years**  
(years, months or days)

3. (a) PRINT FULL NAME **FRANKLIN SLOCUM**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Bessie McMichael**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **January 3, 1879**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**67** **6** **25** hr. min.

9. Birthplace **Ionia Michigan**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Druggist**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Franklin Slocum**  
13. Birthplace **Moscow, Russia**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Dixon**  
15. Birthplace **New York, N.Y.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **City Infirmary Records**  
(b) Address **5800 Arsenal St.**

17. (a) **REMOVAL** (b) Date thereof **JULY 31 1948**  
(Partial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **ALHAMBRA III**

18. (a) Signature of funeral director **E. J. Schurer**  
(b) Address **3125 Lafayette Av**  
19. (a) **JUL 30 1948** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3866a Park Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **July** day **28th**;  
year **1946** hour **4:45 P.M.** minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **October 25th**;  
19 **45** to **July 28**, 19 **46**  
that I last saw him alive on **July 28**, 19 **46**;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Coronary Occlusion**  
**(2) Generalized Arterio Sclerosis**  
Due to \_\_\_\_\_  
**(3) Cerebral Vascular Accident**  
Due to \_\_\_\_\_

Duration  
**40 Min.**  
**Plus**  
**1942**  
**Plus**  
**1945**  
**Plus**

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) (a) Means of injury \_\_\_\_\_  
23. Signature **Calvin Roman Bowdich** (M. D. \_\_\_\_\_)  
Address **City Infirmary** Date signed **7-28-46**

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD.

24583

**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.....

*Jose B. Vollmer*

Licensed Embalmer No. *4014*

P. O. Address *St. Louis, MO 63104*

**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.**