

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4991**

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:
St. L. City Hosp. #1, Max C. Starkloff Mem
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour
In this community 8 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County aco
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3744 Page Blvd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES B. SLUSSER
3. (b) If veteran, name war Nil
3. (c) Social Security No. 400-09-8537

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 27th
year 1948 hour 9 minute 50 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 11, 1890
(Month) (Day) (Year)

Immediate cause of death
Coronary Occlusion
Coronary Sclerosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) OK

8. AGE: Years Months Days If less than one day
58 2 16 hr. min.

9. Birthplace Fort Smith, Arkansas
(City, town, or county) (State or foreign country)
10. Usual occupation Watchman

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Charles Slusser
13. Birthplace Clark County, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Nora Wilson
15. Birthplace Jackson County, Illinois
(City, town, or county) (State or foreign country)

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)
Means of injury _____

16. (a) Informant Otto McDermott
(b) Address 1416 Chouteau Avenue
17. (a) Burial (b) Date thereof 6-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Gardens
18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue
19. (a) MAY 31 1948 (b) J. F. Bredbeck
(Date received local report) (Registrar's signature)

23. Signature W. Fred Perry (M.D. or other)
Address 1306 Clark Date signed 5/31/48

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

MOTHER FATHER

C O R O N E R

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..... *A. J. Cooper*

Licensed Embalmer No. *3830*

P. O. Address..... *3017 Laurel*

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.