

Registration District No. 367

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 106 Days
(Specify whether
 In this community 106 Days
years, months or days)

3: (a) PRINT FULL NAME SLACK, Charles
 3: (b) If veteran, name war SPANISH-AMERICAN
 3: (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
 6: (a) Single, widowed, married, divorced Divorced
 6: (b) Name of husband or wife _____ 6: (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 11 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 6
 If less than one day _____ hr. _____ min.

9. Birthplace Ipava, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER {
 12. Name Unavailable 9
 13. Birthplace " 1
(City, town, or county) (State or foreign country)
 14. Maiden name Unavailable 9
 15. Birthplace " 1
(City, town, or county) (State or foreign country)

16: (a) Informant Registrar, VA Hospital
 (b) Address Jefferson Barracks, Mo.

17: (a) Burial (b) Date thereof 6-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nat'l. Cem. Jeff. Brks. Mo.

18: (a) Signature of funeral director C. Hoffmeister U&L Co.

(b) Address 7814 S. Dow, St. Louis, Mo.

19: (a) 6-18-48 (b) Charles J. Slack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County Fulton 999
 (c) City or town Quincy, 11
(If outside city or town limits, write "RURAL")
 (d) Street No. S & S Home 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 2
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
 year 1948 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from March 3, 1948 to June 17 1948
 that I last saw h. im alive on June 17, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death CHOLANGITIS AND NEPHRITIS WITH UREMIA
 Duration _____

Due to _____
 Due to _____
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Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 4/29/48 Cholecystectomy
 Of operations _____
 Of autopsy Autopsy performed
(See cause of death)
 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) None
 (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) (c) Means of injury

23. Signature L. E. Stilwell (M. D. Stilwell)
 Address VAH, Jeff. Brks, Mo. Date signed 6/17/48

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 *Levin C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S. Broad*.....

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.