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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31440

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8208

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City 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 years, months or days)

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. 1010 Morrison Avenue., 22
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Jacob W. Slonaker
3. (b) If veteran, name war No
3. (c) Social Security No. Unk
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased July (Month) 21 (Day) 1897 (Year)

8. AGE: Years 51 Months 1 Days 27 If less than one day hr. min.

9. Birthplace Mexico (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Mechanic
11. Industry or business
MOTHER FATHER
12. Name David Slonaker
13. Birthplace Unk (City, town, or county) (State or foreign country)
14. Maiden name Flora Elmore
15. Birthplace Unk (City, town, or county) (State or foreign country)
16. (a) Informant Gladys Lamb
(b) Address 1010 Morrison Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mexico, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) SEP 20 1948 (Date received local registrar) (b) J. F. Medesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1948 hour 8:25 minute A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death 1. Internal hemorrhage following laceration right lung; 2. Fracture of ribs; when the motor-
Due to cycle he was operating ran into the right rear door and fender of an
Due to automobile driven by George Ernest Morris around 5:23 P.M. Sept. 16,
Other conditions 1948, at the intersection of
(Include pregnancy within 3 months of death)
Third & Miller Streets;

Duration

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) Accident
(b) Date of occurrence Sept. 16, 1948
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)
While at work? no (e) Means of injury see above
23. Signature (M. D. or other)
Address Date signed 9-20-48

(Licensed Embalmer's Statement on Reverse Side)

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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.