

No. 300
1-10-47
5-17-39
I 3906

FILED OCT 23 1948
Registration District No. 29487

Primary Registration District No. 3064

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
219 Redmond Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life
years, months or days

3: (a) PRINT FULL NAME George H. Slater

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bernadeen Slater

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Nov. 21 1909
(Month) (Day) (Year)

8. AGE: Years 38 Months 11 Days 28
If less than one day hr. _____ min. _____

9. Birthplace Ferguson Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Fire Captain
Fire Department

11. Industry or business _____

12. Name Ernest Slater

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

14. Maiden name Margeline Amelone

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

16. (a) Informant Mrs. Bernadeen Slater

(b) Address Ferguson, Missouri.

17. (a) Burial (b) Date thereof 10/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Garden

18. (a) Signature of funeral director White Funeral Home
(b) Address Ferguson, Missouri.

19. (a) 10-15-48 (b) Cecil A. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Ferguson
(If outside city or town limits, write "RURAL")

(d) Street No. 219 Redmond Ave.
(If rural, give location)

(e) Citizen of foreign country? --- (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12
year 1948 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from June
_____ 1948 to Oct. 12, 1948.

that I last saw h^e alive on Oct. 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion & myocardial infarction

Duration Mrs.

Due to _____

Due to 946

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) MD

Address 94 Redmond Ferguson Date signed 10/13/48

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 *A. M. White*

Licensed Embalmer No. *3973*

P. O. Address. *Ferguson, 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.