

FILED JUL 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20652

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 13

1. PLACE OF DEATH <u>Dardenne</u> a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>O'Fallon-Rural</u>	c. LENGTH OF STAY (In this place) <u>1</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>O'Fallon Mo Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>		d. STREET ADDRESS (If rural, give location) <u>close to Dardenne Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>John</u> c. (Last) <u>Slattery</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 22 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar 11-1881</u>
9. AGE (In years last birthday) <u>68</u> 10. IF UNDER 1 YEAR Months <u>3</u> Days <u>11</u> 11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Dardenne</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
11. BIRTHPLACE (State or foreign country) <u>Dardenne</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John Slattery</u>		13b. MOTHER'S MAIDEN NAME <u>Mary O'Mara</u>	
13c. FATHER'S NAME <u>John Slattery</u>		14. NAME OF HUSBAND OR WIFE <u>Frances (nee)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Frances Slattery-O'Fallon Mo</u>		ADDRESS <u></u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u></u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Occlusion</u>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u></u>		DUE TO (b) <u></u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u></u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>	

22. I hereby certify that I attended the deceased from June 22 1949, to June 27, 1949, that I last saw the deceased alive on June 27, 1949, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.E. Bergesen D.O.</u>		23b. ADDRESS <u>Dardenne, Mo.</u>		23c. DATE SIGNED <u>6/25/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Conception</u>	
24d. LOCATION (City, town, or county) (State) <u>Dardenne Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>E. A. Keithly</u>		24f. ADDRESS <u>280 N. 1st St. Dardenne Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 4 49</u>		REGISTRAR'S SIGNATURE <u>E. A. Keithly</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Bergesen</u>	

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

RECEIVED JUL 8 1949
District Health Officer No. 9,
District File Number _____

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

J. E. Altman

Signed _____

Student Embalmer

Licensed Embalmer No. *2711*

P. O. Address *Wentzville, Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.