S. No. 300
v. 10.48

FILED DEC 8 - 1951

Item 3 Corrected by affidavit of funeral director

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39740

BIRTH NO. 12/31/58 Del REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10353

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Inf.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: 2107
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 4350 Labadie

3. NAME OF DECEASED (Type or Print)
a. (First): ~~Mary~~ Mae
b. (Middle): Marian
c. (Last): Slaughter

4. DATE OF DEATH (Month) 11 (Day) 16 (Year) 51

5. SEX: F 3

6. COLOR OR RACE: Col.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: May 10, 1879

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Henderson, Ky.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Geo. Rankin

13b. MOTHER'S MAIDEN NAME: Sarah Albis

14. NAME OF HUSBAND OR WIFE: Nicholas Slaughter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Nicholas Slaughter-4350 Labadie

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 3 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: HS01

22. *I hereby certify that I attended the deceased from* Oct 1, 1951, *to* Nov 11, 1951, *that I last saw the deceased alive on* Nov 11, 1951, *and that death occurred at* 11:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter A Younge MD

23b. ADDRESS: 5337 Market St Louis Mo

23c. DATE SIGNED: 11.19.51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11-21-51

24c. NAME OF CEMETERY OR CREMATORY: Washington Park Cem

24d. LOCATION (City, town, or county) (State): St. Louis County Mar

DATE REC'D BY LOCAL REG.: NOV 21 19

REGISTRAR'S SIGNATURE: J Earl Smith MD. WJG

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: A. L. Beal Und Co. 4303 Del Mo.

(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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed Arthur L. Stilliard

Signed .....
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4740 Cupples

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.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 39746-51

State of Missouri
City
~~County~~ of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 10353

On this 15th. day of December, 1958, before me appears Birdie Beal Anderson, who, upon her oath, states that the original record of ~~birth~~ death for Mae Marian Slaughter ~~Slaughter~~ ~~died~~ 11-16-1951, 19..., in the State of Missouri, and which was filed at Jefferson City, Missouri on Nov. 21, 1951, should be corrected as follows:

Item No. 3 should read Mae Marian Slaughter
Instead of Mary Marian Slaughter

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Birdie Beal Anderson
Friend
Relationship.

4303 Delmar Blvd.
Present Address.

Subscribed and sworn to before me this 15 day of December, 1958

My Commission expires April 27, 1961

Hazel Dabney Notary Public.

3. A surname is changed by court order or by adoption or legitimation procedures.

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