No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10707

State File No.

FILED MAR 23 1954

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 523

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shrewsbury
c. LENGTH OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3900 Block Shrewsbury Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: University City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 8417 Gannon Avenue 4276

3. NAME OF DECEASED (Type or Print)
a. (First): Nancy
b. (Middle): Francis
c. (Last): Slaton

4. DATE OF DEATH (Month) (Day) (Year): Feb. 28, 1954

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 14 1912
9. AGE (In years last birthday): 41
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: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Kentucky - City of Jackson
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: T. A. [redacted] FRANCIS
13b. MOTHER'S MAIDEN NAME: Polly Maddon
14. NAME OF HUSBAND OR WIFE: Geo. J. Slaton

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.: Unknown
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Geo. Slaton, 8417 Gannon, U.C. Missouri.

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) From crushing chest injuries suffered while operating her automobile on Shrewsbury Ave., of which she lost control at the intersection with Suffolk Ave. and collided with an electric light pole, throwing her against the steering wheel. She was unconscious when found by Marshal Huncke of the Shrewsbury Police Dept. and removed to St. Louis County Hospital by Maplewood Police Ambulance where she was pronounced dead on arrival

ANTECEDENT CAUSES DUE TO (b)

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Shrewsbury 400 St. Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb.28,1954 6:40 p.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: BLUNT IMPACT - lost control of car & collided with electric light pole.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arnold J. Willmann, Coroner
23b. ADDRESS: Clayton, Missouri
23c. DATE SIGNED: 3-2-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar. 2, 1954
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Ashland, Kentucky

DATE REC'D BY LOCAL REG.: 3-1-54
REGISTRAR'S SIGNATURE: Herbert R. Nombe M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: C. Hoffmeister Colonial Mort. Chippewa 6464

g.w. (Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lewis C. Hoffman

Licensed Embalmer No. 3871

P. O. Address 7814 S. Br

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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