

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4893

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4893	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____ Mo.			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis,</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		e. LENGTH OF RESIDENCE IN THIS PLACE <b>April 29, 1952</b> <b>May 24, 1954</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Chronic Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>5800 Arsenal St.</b>		2139	
3. NAME OF DECEASED (Type or Print) <b>Louis</b>		a. (First)		b. (Middle)		c. (Last) <b>Slack,</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>May 24, 1954</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>	
8. DATE OF BIRTH <b>Nov. 23, 1869</b>		9. AGE (In years last birthday) <b>84</b>		10. IF UNDER 1 YEAR Months		11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Ohio</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>John Slack</b>			13b. MOTHER'S MAIDEN NAME <b>Estella Shaffer.</b>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>St. Louis Chronic Hospital Records</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b> ANTECEDENT CAUSES <b>Generalized Arteriosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>years</b> <b>years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <b>H200</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>April 29, 1952</b> , to <b>May 24, 1954</b> , that I last saw the deceased alive on <b>May 24, 1954</b> , and that death occurred at <b>10:55 P.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>George E. Ryan</b> (Degree or title)				23b. ADDRESS <b>5600 Arsenal</b>		23c. DATE SIGNED <b>5/25/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>		24b. DATE <b>6-3-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 2 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Ryan</b>		ADDRESS <b>5800 Arsenal St.</b>	

(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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.