

FILED SEP 2 1954

XC-361 108

Reg. #2537

SL #1224

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29238

State File No. ....

7407

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>SAINT CLAIR</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>915 N. Grand, St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) <u>18 days</u>		c. CITY OR TOWN <u>E. ST. LOUIS</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>1815 MARKET ST.</u> <span style="float: right;">81208</span>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) _____ c. (Last) <u>SLAUGHTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 9, 1954</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED	8. DATE OF BIRTH <u>8/13/93</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 WKS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) / <u>JACKSON, MISS.</u>		
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>PAYTON SLAUGHTER</u>		13b. MOTHER'S MAIDEN NAME <u>TEXANA LAMBERT</u>		
14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>330-15-8398</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSP. RECORDS, ST. LOUIS, MO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSP. RECORDS, ST. LOUIS, MO.</u>		ADDRESS		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF STOMACH</u>  ANTECEDENT CAUSES 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 <u>Undet.</u>
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>VA</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>151X</u>		
22. I hereby certify that I attended the deceased from <u>7/22</u> , 19 <u>54</u> , to <u>8/9</u> , 19 <u>54</u> , and that death occurred at <u>2:02 A.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>		23c. DATE SIGNED <u>8-9-54</u>		
24a. FUNERAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>8/13/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cem</u>		
24d. LOCATION (City, town, or county) (State) <u>Jett. Bks, Mo</u>		DATE REC'D BY LOCAL REG. <u>AUG 10 1954</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		
25. FUNERAL DIRECTOR'S SIGNATURE <u>R.M.C. Green, 4060 Washington</u>		ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Melvin E. Green*.....

Licensed Embalmer No. *442*.....

P. O. Address *St. Louis*.....

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.