

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3111**
Registrar's No. **0967**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 3111		Registrar's No. 0967			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city of incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Enroute Homer Phillips Hospt.				e. STREET ADDRESS (If rural, give location) 409 S. Ewing Ave.		2189					
3. NAME OF DECEASED (Type or Print) JAMES			a. (First)			b. (Middle)			c. (Last) SLAUGHTER		
4. DATE OF DEATH			5. SEX Male			6. COLOR OR RACE Negro			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
Jan. 30, 1955			8. DATE OF BIRTH Feb. 18, 1885			9. AGE (In years last birthday) 69			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		
11. BIRTHPLACE (City and State or Foreign Country) Edwardsville, Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A			10b. KIND OF BUSINESS OR INDUSTRY Flour Mill			11. BIRTHPLACE (City and State or Foreign Country) Edwardsville, Illinois		
13a. FATHER'S NAME Lawrence Slaughter			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Anna Slaughter			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. 355-05-1249			17. INFORMANT'S SIGNATURE OR NAME Anna Slaughter			ADDRESS 409 Ewing Ave.			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.		
18. CAUSE OF DEATH			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension Cardiovascular Disease						INTERVAL BETWEEN ONSET AND DEATH 7		
			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.								
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION none						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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X	
22. I hereby certify that I attended the deceased from 7/8 to 1/30, 1955, that I last saw the deceased alive on 7/20, 1951, and that death occurred at 11:30 AM on the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) [Signature]						23b. ADDRESS [Address]			23c. DATE SIGNED [Date]		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-2-55		24c. NAME OF CEMETERY OR CREMATORY Alton, Illinois		24d. LOCATION (City, town, or county) (State)					
DATE REC'D BY LOCAL REG. FEB 2 1955		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE Russell Und. Co. ADDRESS 2732 Pine Blvd.						

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 *James A. Carter*

Licensed Embalmer No. *468*
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.