

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24388

State File No.

XC 2474434
FILED AUG 21 15 1955

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6586**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison		
b. CITY (If outside corporate limits, write RURAL and give town) 915 N. Grand, St Louis, Mo		c. LENGTH OF STAY (in this place township) 81 days	c. CITY OR TOWN Alton		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 Veterans Administration Hosp			e. STREET ADDRESS (If rural, give location) 4021 Alby St		
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) G. c. (Last) Slocumb			4. DATE OF DEATH (Month) (Day) (Year) July 30, 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10/6/78	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days
IF UNDER 22 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10b. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (City and State or Foreign Country) Posey co., Indiana	
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME William O Slocum		
13b. MOTHER'S MAIDEN NAME Martha Harrison			14. NAME OF HUSBAND OR WIFE unk		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. SPAW	17. INFORMANT'S SIGNATURE OR NAME VA Hosp. records, St Louis, Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF THE LUNG			ANTECEDENT CAUSES		UNK.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			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		UNK.
			PULMONARY TUBERCULOSIS		UNK.
			ARTERIOSCLEROTIC HEART DISEASE		
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)		163X A
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?		
22. I hereby certify that I attended the deceased from May 11, 1955 , to July 30, 1955 , that I last saw the deceased alive on July 30, 1955 , and that death occurred at 12:40AM , from the causes and on the date stated above.					
23a. SIGNATURE Robert H. Ramsey (Degree or title) M.D.			23b. ADDRESS VAH, ST. LOUIS, MO.		23c. DATE SIGNED 7-30-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-30-55	24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Ridgeway, Illinois
DATE REC'D BY LOCAL REG. JUL 30 1955		REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd ADDRESS		

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

(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, ~~by~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Etienne R. Remond*

Licensed Embalmer No. *428*

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.