

APR 12 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

9141  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. 791  
(b) Township ..... 1 Primary Registration District No. 1008  
(c) City St Louis (d) Street No. 1319 R Carr Registered No. 2906  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

423 Sarah Slaughter  
(a) Residence, No. 1319 R Carr St. 25 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt 42  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. none  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

FATHER 13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER 15. MAIDEN NAME Maggie Douth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

17. INFORMANT (ADDRESS) Emma S. Strong 1319 R Carr St

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash Park DATE 3-29-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wright's Funeral Home 3100 Cadron ave.

20. FILED APR 28 1939 J. B. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3, 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-7-39 to 3-24-39  
I last saw her alive on 3-24-39 Death is said to have occurred on the date stated above, at 7:42 a.m.  
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
48

Other contributory causes of importance:

carcinoma of uterus (cervix)

Name of operation none Date of none  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury none  
Where did injury occur? none  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify Robert M. Scott M. D.  
(Signed) 2839 S. Dickson St.  
(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Me

Chas. Garris, Registered Apprentice No. 2349

working under my personal supervision.

Signed

Chas. Garris

Licensed Embalmer No. 2349

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 this body is not embalmed, above space should be left blank.