V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1942

Registration District No. 184

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3679

State File No. 0

Primary Registration District No. 200

Registrar's No. 204

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: The Immaculate Heart Home 5 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Weeks (Specify whether

In this community 11 Weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 3634 W. Pine Blvd. (If rural, give location) 9

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Mary C. Slattery

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife XXXXX

6. (c) Age of husband or wife if alive XXXX years

7. Birth date of deceased Nov 2nd. 1880 (Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 24 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Attendant

11. Industry or business City Hosp #1

FATHER
12. Name Jermiah J Slattery
13. Birthplace (City, town, or county) 4 Ireland (State or foreign country)

MOTHER
14. Maiden name Johanna Cronin
15. Birthplace (City, town, or county) 4 Ireland (State or foreign country)

16. (a) Informant Mrs Josephine Voelker

(b) Address 3634 W. Pine Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral director Harrigan & Sheahan Und Co

(b) Address 4415 Washington Blvd.

19. (a) JAN 27 1942 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26th. year 1942 hour 12:30AM minute M.

21. I hereby certify that I attended the deceased from Nov 10, 1941, to Jan 26, 1942, that I last saw her alive on Jan 26, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute myocarditis	3 mo
Due to Coronary sclerosis	1 yr
Due to Arteriosclerosis	1 yr
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

940

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Leo H Klinkenfuss (M. D. or other) MD

Address 340 Bermuda ave Date signed 1-28-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Klintherfuss
340 Bennett Ave
Wyoming

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Homer W. Fritz

Licensed Embalmer No. 3882

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, fact should be so stated above.