

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19083

State File No.

FILED JUN 9 1942
Registration District No. 101

Primary Registration District No. J-0

Registrar's No. 1208

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution:
Mt. Rose Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 yrs.
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 307 South 2nd St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROSEMARY SLATTERY

3. (b) If veteran, name war No.

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 Single

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

7. Birth date of deceased May 5 1915
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>0</u>	<u>26</u>	hr. min.

9. Birthplace O'Fallon Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name John R. Skattery

13. Birthplace Dardene Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Dorois

15. Birthplace Howell Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John R. Slattery

(b) Address St. Charles, Mo.

17. (a) Burial (b) Date thereof 6-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Charles Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. JUN 1 - 1942 (Date received local registrar)

(b) C. M. Surratt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1942 hour 108 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 15, 1941, to May 31, 1942
that I last saw her alive on May 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Far Advanced Pulmonary Tuberculosis

Due to _____

Due to 13/4/1

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration
3 yrs.

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) 100

(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature William C. Henne (M.D. or other)

Address 607 NO Grand Blvd Date signed 6/1/42

WRITE PLAINLY—USE 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, or by.....

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

working under my personal supervision.

Signed.....

G. W. Wilkinson

Licensed Embalmer No.....

3575

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.