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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26832

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 232

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8m 24d (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 14
(c) City or town Lemay 1
(If outside city or town limits, write "RURAL") 2
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Slade
3. (b) If veteran, name war DK
3. (c) Social Security No. DK
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife William Slade
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 16 (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
85	11	9	hr. min.

9. Birthplace Jefferson Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Benjamin Hunt
13. Birthplace DK (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name DK
15. Birthplace DK (City, town, or county) 9 (State or foreign country)
16. (a) Informant Record
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27-1942 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis Mo
18. (a) Signature of funeral director Wacker Heldrich
(b) Address 3634 Grove's Av.
19. (a) 7-25-1942 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1942 hour 1 45 minute a M.
21. I hereby certify that I attended the deceased from 7/23/ 1942, to 7/23/ 1942
that I last saw her alive on 7/22/ 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Generalized Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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 0
23. Signature Purge W Rees (M. D. or other) M D
Address Fulton Mo Date signed 7/23/42

1847 (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 Frank J. Thyland

Licensed Embalmer No. 2645

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.