

S. No. 2
M-5-42
v. 5-17-39
P I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39336

State File No.

REC'D DEC 15 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10175**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
residence-20N. Kingshighway /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 20 N. Kingshighway
(If rural, give location)
(e) Citizen of foreign country?..... No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MARTHA T. SLAUGHTER

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, widowed
6. (b) Name of husband or wife John B. Slaughter 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased September 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>2</u>	<u>26</u> hr. min.

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

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER
12. Name Charles L. Thompson
13. Birthplace Harpers Ferry, W. Va.
(City, town, or county) (State or foreign country)
14. Maiden name Betty Hickman
15. Birthplace Paris Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Charles McClung Thompson
(b) Address 5142 Waterman Bly'd., St. Louis

17. (a) burial (b) Date thereof 12-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director G. R. Lupton & Sons
(b) Address 7233 Delmar Bly'd., St. Louis

19. (a) DEC 7 (b) J. J. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th
year 1942 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from August 1937, to Dec 4 1942; that I last saw her alive on Dec. 4 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 7 days
Due to Chronic atrophic arthritis 5 yrs.

Due to.....
Other conditions (Include pregnancy within 3 months of death) 10th

Major findings: Of operations.....
Of autopsy..... 10th
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?..... (c) Means of injury.....

23. Signature F. Arthur D. Day (M. D. or other) h. D.
Address 2720 Washington Blvd. Date signed 12-4-42

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

3720
working for
company 12:00

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 Clarence A. Murray
Licensed Embalmer No. 4061
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 this body is not embalmed, fact should be so stated above.