

LIC MAY 3 1943 18  
Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 3921

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

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:  
**7617 A. S. Broadway /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether  
years, months or days) (Specify whether

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....

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

(d) Street No..... **7617 A. Broadway**  
(If rural, give location)

(e) Citizen of foreign country?..... **no** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... **MARY AGNES SLATER**

MEDICAL CERTIFICATION

3. (b) If veteran, name war..... **None**

3. (c) Social Security No. .... **None**

20. DATE OF DEATH: Month..... **April** day..... **27**  
year..... **1943** hour..... **1** minute..... **20 P.M.** M.

4. Sex..... **Female** 5. Color or race..... **White**

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

21. I hereby certify that I attended the deceased from **4-12-43**  
..... 19..... to..... **4-27**..... 19**43**  
that I last saw ~~her~~ alive on **4-27**..... 19**43**  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife..... **Edward Slater**

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

Immediate cause of death.....  
**Carcinoma of uterus** 1 year

7. Birth date of deceased..... **November 17 1878**  
(Month) (Day) (Year)

Due to.....

Due to.....

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

8. AGE: Years Months Days If less than one day  
**64 5 10** hr. min.

9. Birthplace..... **Ireland 4**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At Home**

11. Industry or business.....

12. Name..... **John Naughton**

Major findings:  
Of operations.....

13. Birthplace..... **Ireland 4**  
(City, town, or county) (State or foreign country)

Of autopsy.....

14. Maiden name..... **Winifred Murphy**

15. Birthplace..... **Ireland 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Joseph Ferris Mrs. J. Ferris**

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

(b) Address..... **7617 A. Broadway**

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

17. (a) **Burial** (b) Date thereon..... **May 1, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence.....

(c) Place: burial or cremation..... **Mt. Hope Cemetery**

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

18. (a) Signature of funeral director..... **C. Hoffmeister U.A.L.Co.**

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

(b) Address..... **7814 S. Broadway**

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature..... **J. F. Bradeck** (M. D. or other)  
Address..... **439 W. 1st** Date signed..... **4/27/43**

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.....

*Linus C. Hoffmeister*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.