

FILED JUL 24 1944

State File No. _____

Registration District No. 377

Primary Registration District No. 3070

Registrar's No. 1497

1. PLACE OF DEATH
(a) County St. Louis Co.
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
918 West Big Bend Bl.
(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 Mo. (b) County St. Louis
(c) City or town Webster Groves, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 918 W. Big Bend Bl.
(If rural, give location)
(e) Citizen of foreign country? no. (Year No.)
If yes, name country _____

3. (a) PRINT FULL NAME MARY IRENE SLATTERY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July, day 11, year 1944, hour 5:30, minute 30
21. I hereby certify that I attended the deceased from Aug. 1942 to July 5, 1944 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife John J. Slattery 6. (c) Age of husband or wife if alive 55
7. Birth date of deceased Aug 15-1855
(Month) (Day) (Year)

Immediate cause of death 1. Hemorrhage
Duration _____

8. AGE: Years 88 Months 10 Days 26 If less than one day _____ hr. _____ min.

Due to Carcinoma of Bladder 2 yrs.
2. Arteriosclerosis, general 10 yrs.
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 52

10. Usual occupation at home

Major findings: Of operations _____

11. Industry or business _____
12. Name Joseph O'Connell
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

Of autopsy _____
Underline the cause to which death should be charged statistically.

14. Maiden name Catherine Foley
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

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

16. (a) Informant Mrs. W. J. Griffin
(b) Address 918 W. Big Bend Bl.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-44 (Month) (Day) (Year)
(c) Place: burial or exhumation Calvary

(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? _____

18. (a) Signature of funeral director L. M. Miller
(b) Address 5165 Delmar Rd.
19. (a) JUL 13 1944 (Date received local registrar) (b) E. G. Mc Gavran, M.D. (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Francis J. Canessa (M. D. or other) M.D.
Address 462 N. Taylor St. Date signed July 12 1944

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

694

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... *H. L. Lavis*

Licensed Embalmer No. *3384*

P. O. Address... *H. L. Lavis*

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.