

S. No. 2
M-5-43
5-17-39
I X3687

FILED JUN 26 1948
Registration District No. **318**

STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **1003**

State File No. _____
Registrar's No. **5327**

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:
Deaconess Hospital
(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. 2107 S. Grand Bl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bessie Slocum
3. (b) If veteran, name war no 3. (c) Social Security No. _____
5. Color or race White
6. (a) Sex Female 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Slocum 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased August 21, 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 14
year 1946 hour 5.05 minute PM
21. I hereby certify that I attended the deceased from 1907
_____ 1907 to June 14 1946
that I last saw her alive on June 14 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia left lung Duration 1 day

8. AGE: Years Months Days If less than one day
73 9 23 hr. _____ min.
9. Birthplace Winchester Virginia
(City, town, or county) (State or foreign country)
10. Usual occupation at home

Due to Pneumonia terminal left lobe 1 day
Due to cardiac renal vascular
pyelonephritis Nephrectomy 25-34 g. wt.
Other conditions _____
(Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business _____
12. Name Henry M. Brent
13. Birthplace Winchester Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Ella Wright
15. Birthplace Winchester Virginia
(City, town, or county) (State or foreign country)
16. (a) Informant Charles Slocum
(b) Address 2107 S. Grand Bl.
17. (a) Burial (b) Date thereof June 17/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.
19. (a) JUN 15 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations _____
Of autopsy Pneumonia left lobe
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?
While at work? _____ (Specify type of place) (e) Means of injury f.
23. Signature John L. Marshall, M.D. (M. D. or other)
Address 240 Pine Bl. 6.34 N. Grand Bl. Date signed 6-15-46

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 *Harry A. Stewart*

Licensed Embalmer No. 3722

P. O. Address..... 412 Duchouquette St.

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.