

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29073
State File No.
Registrar's No. 6842

FILED AUG 20 1946
318

1003
Primary Registration District No.

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: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Weeks
In this community 60 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis UNIVERSITY CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 6631 Pershing Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John C. Slattery
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 5th.
year 1946 hour 8 minute 55 A. M.
21. I hereby certify that I attended the deceased from July 19
1946, 1946, to Aug 5, 1946
that I last saw him alive on Aug 4 1946
and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Slattery
6. (c) Age of husband or wife if alive Mar years 1860
7. Birth date of deceased (Month) (Day) (Year)

Immediate cause of death
Uremia
Bronchopneumonia
Due to arteriosclerotic heart disease
Due to myocardial infarct
cor.

Duration
10 d.
2 wk.

8. AGE: Years Months Days If less than one day
86 5 1 hr. min.

Other conditions Intertrochanteric fracture
of rt. hip on 6/12/46.
Major findings:
Of operations 10/12/46
Of autopsy 10/6

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired

11. Industry or business Merchant Dry Goods

12. Name Bart Slattery

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

14. Maiden name Catherine Duggan

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

16. (a) Informant Emma Slattery

(b) Address 6631 Pershing Ave.

17. (a) Burial (b) Date thereof 8-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) AUG 5 1946 (b) J. Brede
(This received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence June 12, 1946
(c) Where did injury occur? Home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
See above
While at work (Specify type of place) Means of injury Fall
23. Signature Levellyn Sale, Jr. (M. D. or other) M.D.
Address 4500 Olive St. Date signed 8/5/46

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

27311

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 W Van Matre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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.