

Registration District No. **318**

Primary Registration District No. **1003**

State File No. _____

Registrar's No. **8224**

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:
3815a Wyoming St./
(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)

3. (a) PRINT FULL NAME Frederick J. Slocum

3. (b) If veteran, name war _____ 3. (c) Social Security No. 189-01-6019

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married/
 divorced Married

6. (b) Name of husband or wife Mary A. 6. (c) Age of husband or wife if
 alive 57 years

7. Birth date of deceased October 8 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 11 15 hr. _____ min.

9. Birthplace Adams Basin New York
(City, town, or county) (State or foreign country)

10. Usual occupation Telegraph Operator

11. Industry or business retired 7 yrs.

12. Name George Slocum

13. Birthplace Adams Basin New York
(City, town, or county) (State or foreign country)

14. Maiden name Anna Sweeney

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

16. (a) Informant Mary A. Slocum

(b) Address 3815 Wyoming St.

17. (a) Burial (b) Date thereof Sep. 25, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS, Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) SEP 24 1946 (b) J. F. Bradick
(Date received local registrar) (Registrar's signature)

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. 3815a Wyoming St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23rd
 year 1946 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 1946 to Sept 23 1946
 that I last saw him alive on Sept 21 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Rectum Duration 18 mos.

Due to Secondary anemia Duration 6 mos

Other conditions no
(Include pregnancy within 3 months of death)

Major findings: Inoperable
Cancer of Rectum
 Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature W. A. Sweeney (M. D. or other) W. A. Sweeney
 Address 3318 S Grand Date signed 9-24-46

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

7-2
2-43
7-39
K34

MOTHER FATHER

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 *Loron E. Percy*

Licensed Embalmer No. 4094
2842 Meramec St.
P. O. Address St. Louis, Missouri.

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.