

1. PLACE OF DEATH:

(a) County.....**St. Louis**

(b) City or town.....**St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4302a South Compton /
(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 **Julia L. Slattery**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **F.** / 5. Color or race **W.**

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

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

7. Birth date of deceased **Feb. 2nd., 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75	10	28	hr. min.
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9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

MOTHER FATHER

11. Industry or business.....

12. Name **Thomas Slattery**

13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Reardon**

15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Marie Koch**

(b) Address **Chicago, Ill.**

17. (a) **Burial** (b) Date thereof **1-2-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Catholic**

18. (a) Signature of funeral director **Arthur J. Connelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **DEC 31 1946** (b) **J. F. Br...**
(Date received local registrar) (Registrar's signature)

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. **4302a S. Compton**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **30th.**,
year **1946** hour **12** minute **20** a. M.

21. I hereby certify that I attended the deceased from
Dec 3, 19**46**, to **Dec 30**, 19**46**,
that I last saw her alive on **Dec 28**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart failure** Duration **3 wks**

Due to **Chronic appendicitis** **1 year**
Chyloperitonitis

Due to.....

Other conditions (Include pregnancy within 3 months of death) **9/30**

Major findings:
Of operations.....
Of autopsy.....

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

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.....

23. Signature **T. J. Pl...** (Date signed) **Dec 30 1946**
Address **3453 S. Grand**

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

2
45
39
47070

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address. *3840 Lindell*

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.