

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1343

FILED JUL 3 1947  
Registration District No. 31

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 3 days (Specify whether years, months or days)

In this community 8 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL")

(d) Street No. R #1 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SLOCUM, Wayne O.

3. (b) If veteran, name war WW-1

3. (c) Social Security No. 539-10-3527

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
year 1947 hour 8 minute 03 a. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wilma I. Slocum

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

7. Birth date of deceased September 10, 1909  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 19, 1947 to June 22, 1947; that I last saw him alive on June 22, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: NEPHRITIS, CHRONIC INTERSTITIAL

Due to UREMIA

Duration Unk

8. AGE: Years 37 Months 9 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None

Of autopsy None

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

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

10. Usual occupation Minister

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Registrar

(b) Address VAH—Jefferson Barracks, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 23-47 (Month) (Day) (Year)

(c) Place: burial or cremation Des Moines, Iowa

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? \_\_\_\_\_

18. (a) Signature of funeral director Hoffmeister's Fun. & L.

(b) Address 7811 Broadway (9) St. Louis, Mo.

19. (a) 6-24-47 (Data received local registrar) (b) W. E. Sillman (Registrar's signature)

While at work? L.S. Sillman (Specify type of place) (Specify means of injury)

23. Signature W. E. Sillman (M. D. or other) Address VAH, Jefferson Barracks, Mo. Date signed 6/23/47

OCT 21 1958

**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 J. Schomacher*  
Licensed Embalmer No. *2679*  
P. O. Address *7814 S. Broadway*

**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.**