

FILED AUG 4 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9931

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:
2423 Ofallon St 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 50 yrs
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2423 Ofallon
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT
FULL NAME

(b) If veteran,
name war _____

(c) Social Security
No. 702-12440

4. Sex M 5. Color or race Negro
 6. (a) Single, widowed, married, divorced mar 1
 6. (b) Name of husband or wife Maudie Floyd Slaughter
 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased may 6 1881
 (Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 14
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business _____

12. Name Henry Slaughter

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

14. Maiden name Chloe

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

16. (a) Informant Maudie F. Slaughter

(b) Address 2423 Ofallon

17. (a) Burial (b) Date thereof July 29, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yumpwood

18. (a) Signature of funeral director J. Harrison

(b) Address 2906 Gayton Blvd

19. (a) JUL 25 1947 (b) J. T. Bredeek
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
 year 1947 hour 4:00 minute _____ M.

21. I hereby certify that I attended the deceased from June 1st to July 21st, 1947
 that I last saw h. alive on July 21st 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 3 wks

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

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)
 (By: Means of injury _____)

23. Signature J. Bredeek (M. D. or other) _____

Address 2605 1/2 Franklin Date signed 7-25-47

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

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 Arthur L. Heilbard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Ave

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.