S. No. 2
M—1/47
7. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29532
8085

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: Barnes Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 day (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison 999 11
(c) City or town Madison (If outside city or town limits, write "RURAL") 0
(d) Street No. 1132 Logan St. (If rural, give location) 2
(e) Citizen of foreign country? UR (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ava Slaton
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dealie Slaton
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased June (Month) 20 (Day) 1898 (Year)
8. AGE: Years 49 Months 2 Days 4 If less than one day hr. min.
9. Birthplace Elco (City, town, or county) Illinois (State or foreign country)
10. Usual occupation House wife
11. Industry or business
MOTHER FATHER
12. Name Freeman Stevenson
13. Birthplace Don't know (City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Dealie Slaton
(b) Address 1132 Logan Madison, Ill
17. (a) Removal Nature (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Benton, Ill
18. (a) Signature of funeral director Francis J. Daly
(b) Address 501 Madison Ave. Madison, Ill
19. (a) AUG 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 24 year 1947 hour 9 minute 50 P.M.
21. I hereby certify that I attended the deceased from Aug 4, 1947 to Aug 24, 1947 that I last saw h. alive on Aug 24, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	3 wks.
Due to: Carcinoma of Cervix	9 months
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature David R. Oliver (M. D. or other) MD.
Address Barnes Hospital Date signed 8-24-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

9806

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 Francis J. Daley

Licensed Embalmer No.....

P. O. Address.....

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.