. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 43495

Registrar's No. 11744

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5719 Pernod Street.,
(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)

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. 5719 Pernod Street.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marilynn Ann Slickman (Stokes)
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert A. Slickman
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased March (Month) 25 (Day) 1922 (Year)

8. AGE: Years	Months	Days	If less than one day
25	8	27	hr. min.

9. Birthplace Marshalltown (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name Floyd Stokes
13. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name Hannah Brown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Robert A. Slickman
(b) Address 5719 Pernod Street.,
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation Marshalltown, Iowa
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) DEC 24 1947 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 22 year 1947 hour 2 minute 38 A.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gunshot Wound of left breast and heart self inflicted in the home 5719 Pernod Ave. The deceased was found in bed	
Due to	
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) Suicide
(b) Date of occurrence Dec 22 1947
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Firearm
23. Signature Patrick E Taylor M.D. or other D.D.S.
Address Dep Coroner Date signed 12/23/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 19 1948

11744

FEB 18 1937

FEB 14 1937

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.