

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 3277
135

BIRTH NO. _____		REG. DIST. NO. 318		PREVIOUS REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 40 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				d. STREET ADDRESS 2902 1/2 Delmar Blvd					
3. NAME OF DECEASED (Type or Print) William			a. (First)		b. (Middle) Slaughter		c. (Last)		
4. DATE OF DEATH Jan 2 1949			4. DATE OF DEATH (Month) (Day) (Year)						
5. SEX Male 2		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH March 13 1877		9. AGE (In years last birthday) 71	
								10. # UNDER 1 YEAR 9 11. # UNDER 2 MRS. 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor			10b. KIND OF BUSINESS OR INDUSTRY Building Trade			11. BIRTHPLACE (State or foreign country) Liberty Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME William Slaughter			13b. MOTHER'S MAIDEN NAME Maria unk			14. NAME OF HUSBAND OR WIFE Single			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk			16. SOCIAL SECURITY NO. no			17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Randle 3133 Bell Ave			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver						INTERVAL BETWEEN ONSET AND DEATH Undet.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c) None							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None							
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Nov. 26, 1948, to Jan. 2, 1949, that I last saw the deceased alive on Jan. 2, 1949, and that death occurred at 8:18 am., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) M. D. ()				23b. ADDRESS 2601 N Whittier St.				23c. DATE SIGNED 1/5/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-8-1949		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) St. Louis		(State)	
DATE REC'D BY LOCAL REG. JAN 6 1949		REGISTRAR'S SIGNATURE J. B. Loefer			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. Randle & Son 3133 Bell ave				

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

S. J. Watson

Signed.....
Student Embalmer

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

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.