

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

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14169
3915

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) West Frankfort | |
| c. LENGTH OF STAY (in this place) 2 weeks | | d. STREET ADDRESS (If rural, give location) 724 Illinois | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1456 Union Bl | | | |

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|---|--------------|--------------------|-----------|---|
| 3. NAME OF DECEASED (Type or Print) Mary | a. (First) B | b. (Middle) Slagle | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) May 2 1949 |
|---|--------------|--------------------|-----------|---|

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|------------------|---------------------------|---|----------------------------------|------------------------------------|--------------------------|--------------------------|------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Nov 11, 1861 | 9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR Months 5 | IF UNDER 24 HRS. Days 21 | IF UNDER 48 MIN. Hours |
|------------------|---------------------------|---|----------------------------------|------------------------------------|--------------------------|--------------------------|------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Self | 11. BIRTHPLACE (State or foreign country) Carterville, Illinois | 12. CITIZEN OF WHAT COUNTRY? No |
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| 13a. FATHER'S NAME Frank Slagle | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Frank |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. M. J. Estabian | ADDRESS 1456 Union |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Antecedent causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility</i> DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION ✓ | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) 930 |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 4292 |
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22. I hereby certify that I attended the deceased from May 1, 1949, to May 2, 1949, that I last saw the deceased alive on May 1, 1949 and that death occurred at 2:45 p.m., from the causes and on the date stated above.

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|--|----------------------|--------------------------------|----------------------------|
| 23a. SIGNATURE <i>J. B. Lasater</i> | (Degree or title) 1) | 23b. ADDRESS 220. N. 4th St | 23c. DATE SIGNED 5/2/49 |
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|--|---------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 5-2-49 | 24c. NAME OF CEMETERY OR CREMATORY Marion | 24d. LOCATION (City, town, or county) (State) Illinois |
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|--|---|--|-----------------------|
| DATE REC'D BY LOCAL REG. MAY 2 1949 | REGISTRAR'S SIGNATURE <i>J. B. Lasater</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Bessie K. Neilson</i> | ADDRESS 1431 Union |
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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.

Student
Student Embalmer

Signed Clement McNeary

Licensed Embalmer No. 3732

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.