

SLATTERY

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32194

FILED OCT 7 1949

State File No.

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

8201

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.			b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) St. Louis		c. LENGTH OF STAY (in this place) D	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 5 5606 Page Blvd.						
d. FULL NAME OF HOSPITAL OR INSTITUTION Desloge Hospital			4. DATE OF DEATH (Month) (Day) (Year) 9-21-49								
3. NAME OF DECEASED (Type or Print) Bart J. Slattery SR.			a. (First)			b. (Middle)			c. (Last)		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 2, 1868		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 1 DAY Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Printing Press			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U		
13a. FATHER'S NAME John Slattery			13b. MOTHER'S MAIDEN NAME Mary Higgins			14. NAME OF HUSBAND OR WIFE Anna Slattery					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Slattery			ADDRESS 5606 Page Blvd.		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-Sclerotic C.V.R. Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sensility</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION			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) St. Louis			STATE Mo.			
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? 44.2 X							
22. I hereby certify that I attended the deceased from <u>Aug 1</u> , 19 <u>49</u> , to <u>Sept 21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept 21</u> , 19 <u>49</u> and that death occurred at <u>11:55 P.</u> m., from the causes and on the date stated above.											
23a. SIGNATURE J. P. Riccio				(Degree or title)		23b. ADDRESS 1931 Marconi			23c. DATE SIGNED 9/21/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-21-49	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE RECEIVED BY LOCAL REG. SEP 22 1949		REGISTRAR'S SIGNATURE J. B. Lantz			FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly			ADDRESS 3840 Lindell Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed

Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3840 Linden

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.