

STANDARD CERTIFICATE OF DEATH

State File No. 28681

FILED AUG 29 1950

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6868

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6868			
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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 55-yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4346		d. STREET ADDRESS (If rural, give location) 7171 Princeton Ave. /			
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) G. c. (Last) Slawson				4. DATE OF DEATH (Month) (Day) (Year) Aug. 11, 1950					
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M. /		8. DATE OF BIRTH June 4, 1890		9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months 2 Days 7 IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dist. Machine Parts		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Vincennes, Ind. /		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Richard Slawson			13b. MOTHER'S MAIDEN NAME Ollie Boedeker		14. NAME OF HUSBAND OR WIFE Mrs. Catherine Slawson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World # 1		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Catherine Slawson, 7171 Princeton Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) <i>Coronary thrombosis</i> 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) _____ (STATE) _____		21f. HOW DID INJURY OCCUR? <i>H2O!</i>			
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"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>4:48</i> P.M., from the causes and on the date stated above.					
23a. SIGNATURE <i>Catharine E. Taylor Cur</i> (Type or title)			23b. ADDRESS <i>1300 Clark</i>			23c. DATE SIGNED <i>AUG 12 1950</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Aug. 14, 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Lake Charles Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>AUG 13 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Hunter Arthur J. Donnelly</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Arthur J. Donnelly</i>		ADDRESS <i>3840 Lindell Blvd.</i>			

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S/

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 Lindell

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.