

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18556

State File No. _____

FILED MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4258**

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY _____ | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | |
| b. CITY OR TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>St. Louis</u> | |
| c. LENGTH OF STAY (in this place) <u>38 years</u> | | d. STREET ADDRESS (If rural, give location) <u>4335 McRee Av. 17</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4335 McRee Av.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>W.</u> c. (Last) <u>Slack</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 5, 1952</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>June 17, 1882</u> |
| 9. AGE (In years last birthday) <u>69</u> | | 10. MONTHS <u>10</u> | 11. DAYS <u>18</u> |
| 10a. USUAL OCCUPATION (Give kind of work including most of working life, even if unpaid) <u>Railway Express Clerk</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u> | 11. BIRTHPLACE (State or foreign country) <u>Tunnel Hill Illinois</u> |
| 12. CITIZEN OF WHAT COUNTRY? _____ | | | |
| 13a. FATHER'S NAME <u>Grant Slack</u> | | 13b. MOTHER'S MAIDEN NAME <u>Julia Scheretz</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Margaret Slack</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>R.R. only</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Slack</u> | | ADDRESS <u>4335 McRee Ave</u> | |
| 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) <u>uracemia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (b) <u>Chronic glomerular nephritis</u> <u>2 years</u> | |
| DUE TO (c) <u>sen arteriosclerosis</u> <u>9 years</u> | | DUE TO (d) <u>Parkinson Disease</u> <u>5 years</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) _____ | | | |
| 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? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>7-1, 1948</u> , to <u>May 5, 1952</u> , that I last saw the deceased alive on <u>May 5, 1952</u> , and that death occurred at <u>9:30 P. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>J. Mitchell, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>45019 Manchester</u> | |
| 23c. DATE SIGNED <u>May 6-52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>May 8, 1952</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>MAY 7 1952</u> | | REGISTRAR'S SIGNATURE _____ FUNERAL DIRECTOR'S SIGNATURE <u>M. J. Bull - Campbell Mortuary</u> ADDRESS <u>4215 Lindell St.</u> | |

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.....

Licensed Embalmer No. 3881

P. O. Address H. Hains & Co

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.