

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43826

State File No.

FILED JAN 10 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11674**

| | | | | | |
|--|--|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILL. b. COUNTY MADISON | | |
| b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS | | c. LENGTH OF STAY (in this place) 1 Mo 3 DAYS | c. CITY (If outside corporate limits, write RURAL and give township) ALTON | | 8120 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHILDRENS HOSP | | | d. STREET ADDRESS (If rural, give location) 212 E. 10th ST. 8 | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) GARY | | b. (Middle) ROBERT | c. (Last) SLATER | 4. DATE OF DEATH (Month) (Day) (Year) 12 17 52 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED | 8. DATE OF BIRTH Aug. 3 - 1952 | 9. AGE (in years last birthday) 4 | IF UNDER 1 YEAR Months 14 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | | 10b. KIND OF BUSINESS OR INDUSTRY NONE | 11. BIRTHPLACE (State or foreign country) ALTON - ILL | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME BIDWELL WEBBER SLATER | | 13b. MOTHER'S MAIDEN NAME MILDRED BAUER | | 14. NAME OF HUSBAND OR WIFE | |
| 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 ADDRESS R. G. Stoverman - 500 S. Kingsbury | | |
| 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. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 checked="" 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 11-14 1952 to 12-17 1952 , that I last saw the deceased alive on 12-17 1952 , and that death occurred at 12:30 P. m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) John C. Herweg M.D. | | 23b. ADDRESS 500 S. Kingsbury | | 23c. DATE SIGNED 12-17-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec. 19, 1952 | 24c. NAME OF CEMETERY OR CREMATORY Upper Alton Cemetery | 24d. LOCATION (City, town, or county) (State) Alton, Illinois | | |
| DATE REC'D BY LOCAL REG. DEC 19 1952 | REGISTRAR'S SIGNATURE Charles Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE Robert K. Streiper | ADDRESS Alton, Ill. | | |

(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 _____

Robert H. Streepke

Licensed Embalmer No. *2474*

P. O. Address _____

Alton, Ill.

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.