

FILED APR 2 1 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO: 1003 Registrar's No. 3052

STANDARD CERTIFICATE OF DEATH

State File No. 141153052

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO: <u>1003</u>		Registrar's No. <u>3052</u>	
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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4342 West Belle Place</u>				e. STREET ADDRESS (If rural, give location) <u>4342 West Belle Place</u> <u>2119</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BYRD</u>			b. (Middle) <u>C.</u>			c. (Last) <u>SLAUGHTER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 1, 1954</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Oct. 27, 1873</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Days <u>5</u>		IF UNDER 24 HRS. Hours <u>4</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Apt. Buildings</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Henderson, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Nicholas Slaughter</u>		13b. MOTHER'S MAIDEN NAME <u>Victoria (?)</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Mae Slaughter</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ida Mae Slaughter, 4342 W. Belle Pl.</u>			
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) <u>acute myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Chronic nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>1 yr</u> <u>1 yr</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>3/31</u> , 19 <u>54</u> , to <u>4/1</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4/1</u> , 19 <u>54</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L A Wentzel MD</u>				23b. ADDRESS <u>2726 Chouteau</u>		23c. DATE SIGNED <u>4/3/54</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/6/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>APR 5 1954</u>		REGISTRAR'S SIGNATURE <u>Charles J. Gates MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles J. Gates, 4107 Finney Ave.</u>			

(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.....
Signature of Student Embalmer

Signed *Arthur L. Hilliard*.....

Licensed Embalmer No...4221

P. O. Address 4107...Finne

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.