

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14116

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3935**

1. PLACE OF DEATH a. COUNTY <b>4762 Cupples St</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>4762 Cupples Street</b>		e. STREET ADDRESS (If rural, give location) <b>4762 Cupples Street 20690</b>	

3. NAME OF DECEASED (Type or Print) <b>Fred Slaughter</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-24-54</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>7-20-1895</b>		9. AGE (In years last birthday) <b>58</b>		10. IF UNDER 1 YEAR Months <b>9</b> Days <b>4</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Memphis Tenn</b>		12. CITIZEN OF WHAT COUNTRY? <b>US A</b>			

13a. FATHER'S NAME <b>Arthur Slaughter</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Helia Slaughter</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>---</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Helia Slaughter 4187 Enright</b>	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Reg'd Lobar Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH
	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) <b>490 X</b>	
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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **6:25 PM**, from the causes and on the date stated above.

23a. SIGNATURE <b>Arthur E. Taylor</b> (Degree or title) <b>3</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>4/25/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-1-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	
24d. LOCATION (City, town, or county) <b>St Louis Co., Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Engeloh Undertaking Co.</b>			

DATE REC'D BY LOCAL REG. **MAY 1 1954** REGISTRAR'S SIGNATURE **Earl Smith MD** FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Engeloh Undertaking Co.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**447C** (Licensed Embalmer's Statement on Reverse Side) **1123 No. Taylor**

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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 *Walter R. Williams*

Licensed Embalmer No. *492*  
*4554 Lexington*  
P. O. Address *St. Louis*

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.