

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11438

State File No.

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2190

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR <i>St. Louis</i> TOWN		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, institution, give street address or location) <i>Mo. Pac Hosp.</i>		e. CITY OR TOWN <i>St. Louis</i> f. STREET ADDRESS (If rural, give location) <i>14 5620 Chippewa St.</i>	
3. NAME OF DECEASED a. (First) <i>JOSEPH</i> (Type or Print)		b. (Middle) <i>F. F. SLATTERY SR.</i> c. (Last)	
5. SEX <i>M</i>		6. COLOR OF RACE <i>W</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>May 4, 1879</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Foreman-International Shoe Co.</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <i>Ireland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Michael Slattery</i>		13b. MOTHER'S MAIDEN NAME <i>Marguerite Kelleys</i>	
14. NAME OF HUSBAND OR WIFE <i>Late Delia Slattery</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No None</i>	
16. SOCIAL SECURITY NO. <i>492-01-7509</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Joseph F. Slattery Jr.</i>	
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.		19. DATE OF OPERATION <i>420.0</i>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral thrombosis</i> ANTECEDENT CAUSES <i>Arteriosclerosis, genit. Asst. Disease</i> DUE TO (b) <i>Diabetes Mellitus</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Min.)	
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 <i>2/5 1956</i> , to <i>2/28 1956</i> , that I last saw the deceased alive on <i>2/28 1956</i> , and that death occurred at <i>2:00</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Charles Knowlton</i>		23b. ADDRESS <i>1755 S. Grand</i>	
23c. DATE SIGNED <i>2/29/56</i>		24. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>Mar. 2, 1956</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Resurrection Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>	
DATE REC'D BY LOCAL REG. <i>MAR 1, 1956</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Kriegshauser</i>		ADDRESS <i>4228 S. Kingshighway Bl.</i>	

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 *Edwin M. Gerritt*.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.