

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 27 1956

State File No. **32417**  
Registrar's No. **7851**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7851</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri.</b> b. COUNTY <b>St. Louis,</b>					
b. CITY (If outside corporate limits, write RURAL and give town or city name) <b>St. Louis, Missouri.</b>		c. LENGTH OF STAY (In this place) <b>1 week</b>		c. CITY OR TOWN <b>Kirkwood 22, 4723</b>		Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital.</b>				e. STREET ADDRESS (If rural, give location) <b>#2041 Briargate.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>BERNICE</b>			b. (Middle) <b>H.</b>		c. (Last) <b>SLAYTON.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 23, 1956.</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>November 3, 1883</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <b>72</b> Months <b>9</b> Days <b>20</b> Hours <b>Min.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Manchester, N.H.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Rosco K. Horne</b>			13b. MOTHER'S MAIDEN NAME <b>Helen Betsy Putnam</b>			14. NAME OF HUSBAND OR WIFE <b>Hilton H. Slayton</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hilton H. Slayton 301 Bompert Avenue</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of left breast</b>  ANTECEDENT CAUSES Morbidity 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 <b>6 mos.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>170x</b>						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)		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 <b>Aug 20, 1956</b> , to <b>Aug 23, 1956</b> , that I last saw the deceased alive on <b>Aug 23, 1956</b> , and that death occurred at <b>8:50</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Bernice H. Slayton</i>			23b. ADDRESS <b>1560 7820 Carondelet</b>			23c. DATE SIGNED <b>8/25/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation</b>		24b. DATE <b>8 / 25 / 56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>AUG 25 1956</b>		REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons, #7233 Delmar Blv'd.,</b>				

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

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.