

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002597  
STATE FILE NUMBER

Registration District No. 305 Primary Registration District No. 6047 Registrar's No. 2

1. PLACE OF DEATH  
a. COUNTY St. Charles

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wentzville Inside Limits Yes  No  #

c. CITY OR TOWN Wentzville 6920 Inside Limits Yes  No  #

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 40 Length of stay in 1b

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED Eugene Franklin Slater Middle Last

4. DATE OF DEATH Jan. 9, 1959 Month Day Year

5. SEX Male 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED

8. DATE OF BIRTH July 28, 1942 9. AGE (In years (birthdays)) 16 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 10b. KIND OF BUSINESS OR INDUSTRY --- 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Gene F. Slater 13b. MOTHER'S MAIDEN NAME Elsa H. Slater 14. NAME OF HUSBAND OR WIFE Single

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. 487-44-5199 17. INFORMANT Elsa H. Slater, Ferguson, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Internal injuries

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Car hitting truck

DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES  NO  C

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car hit truck that was a-cross Highway

20c. TIME OF INJURY Hour 1:30 Month 1-9 Day 59 Year 59 a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) By-Pass # 40 20f. CITY, TOWN, OR LOCATION Wentzville COUNTY St. Charles STATE MO

21. I attended the deceased from Held Inquest Jan. 12, 1959 and last saw her alive on \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Marion Munchery (Degree or title) Coroner 22b. ADDRESS Wentzville Mo 22c. DATE SIGNED Jan. 15, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 1-9-59 23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR White-Mullen Mortuary, Ferguson ADDRESS 25. DATE RECD. BY LOCAL REG. Jan 17 1959 26. REGISTRAR'S SIGNATURE Marion F. Buff

(Enclosed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

300  
-57 3

2 1 1955

APR 28 1955

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 *[Handwritten Signature]* .....

Licensed Embalmer No. ....

P. O. Address.....

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.