

Health, Welfare & Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002598

STATE FILE NUMBER

Registration District No. 6047 Primary Registration District No. 6047 Registrar's No. 1

300  
-57

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| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Charles</b>                              |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Wentzville</b> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> #  | c. CITY OR TOWN <b>Wentzville</b> <u>6720</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION |  | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>           |

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| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Gene</b> Middle <b>Francis</b> Last <b>Slater</b> |  |  | 4. DATE OF DEATH<br>Month <b>Jan.</b> Day <b>9,</b> Year <b>1959</b> |  |
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| 5. SEX<br><b>Male</b> <input checked="" type="checkbox"/> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> <b>3</b> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><b>Feb. 27, 1912</b> | 9. AGE (In years of birthday)<br><b>46</b> | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> | IF UNDER 24 HRS.<br>Hours <b>0</b> Min. <b>0</b> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)<br><b>Reas Estate Broker</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Real Estate</b> | 11. BIRTHPLACE (City and state or country)<br><b>Ferguson, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S.</b> |
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| 13a. FATHER'S NAME<br><b>Ernest Slater</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Madeline Amelong</b> | 14. NAME OF HUSBAND OR WIFE<br><b>-----</b> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>488-09-7372</b> | 17. INFORMANT<br><b>Elsa Slater, Ferguson, Mo.</b><br>Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Internal injuries</b> |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| DUE TO (b) <b>Car hitting truck</b>  |  |   |
| DUE TO (c) _____   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                        |  |   |

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| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>Car hit truck that was a-cross Highway</b> |
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|   |   |   |   |                                |
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| 20c. TIME OF INJURY<br>Hour <b>1:30</b> Month <b>1-</b> Day <b>5-</b> Year <b>59</b><br>a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>By-Pass # 40</b> | 20f. CITY, TOWN, OR LOCATION<br><b>Wentzville Mo.</b> | STATE<br><b>St. Charles MO</b> |
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| 21. I attended the deceased from <b>Held inquest Jan. 12, 1959</b> and last saw her <sup>her</sup> alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE<br><i>Marion Maschong</i><br>(Degree or title)<br><b>Coroner</b> <b>3</b> | 22b. ADDRESS<br><b>Wentzville, MO</b> | 22c. DATE SIGNED<br><b>Jan. 15, 1959</b> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 23b. DATE<br><b>1-9-59</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Laurel Hill Gardens</b> | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b> |
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| 24. FUNERAL DIRECTOR<br><b>White-Mullen Mortuary, Ferguson Mo.</b><br>ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><b>Jan 17 1959</b> | 26. REGISTRAR'S SIGNATURE<br><i>Marion Maschong</i> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 31 1959

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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 *Justin L. Dutton*

Licensed Embalmer No. *4329*

P. O. Address *St Louis Mo*

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.