

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City St. Louis

Registration District No. \_\_\_\_\_

7911

File No. \_\_\_\_\_

39921

Primary Registration District No. \_\_\_\_\_

1003

Registered No. \_\_\_\_\_

3804

(No. Washington Univ. Hosp., St. 5 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

Ethel May Blake

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED infant  
(Write the word)

DATE OF BIRTH December 3, 1910  
(Month) (Day) (Year)

AGE \_\_\_\_\_ If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?  
yrs. \_\_\_ mos. 9 ds.

OCCUPATION (a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) St. Louis, Mo.

NAME OF FATHER Wm. C. Blake

BIRTHPLACE OF FATHER (City or town, State or foreign country) St. Joseph - Mo.

MAIDEN NAME OF MOTHER Mary Willis

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Clarksville, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wm. C. Blake

(ADDRESS) 2311 Locust St.

Filed DEC 13 1910 W. H. Haller Bond REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 12, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec. 3, 1910, to Dec. 12, 1910, that I last saw her alive on December 12, 1910, and that death occurred, on the date stated above, at 11 p.m.

The CAUSE OF DEATH\* was as follows:  
Pneumonia  
10913  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) Asphossstein M. D. Dec. 13, 1910 (Address) Wash. Univ. Hosp.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death? 2311 Locust St.

Former or usual residence 2311 Locust St.

PLACE OF BURIAL OR REMOVAL Bethania DATE OF BURIAL Dec 14, 1910

UNDERTAKER Henry Alweel ADDRESS 2002 Wash St.

