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

Do not use this space.

20146

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. St. Marys Infirmary St. ..... Ward)

File No. .....

Registered No. 5919

2. FULL NAME Charles H. Blood

(a) Residence. No. 4641 St Louis ave. St. 10 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Blood

6. DATE OF BIRTH (MONTH, DAY AND YEAR): August 20, 1878

7. AGE: Years 48 | Months 10 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Special Agent
(b) General nature of industry, business, or establishment in which employed (or employer): Terminal R.R. Assn
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Detroit
(STATE OR COUNTRY): Mich

PARENTS

10. NAME OF FATHER: George J. Blood
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Margaret Hollingsworth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Kansas
(STATE OR COUNTRY)

14. INFORMANT: Mrs Mary Blood
(Address) 4433 Thologan ave

15. FILED JUL 28 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6-26- 1927

17. I HEREBY CERTIFY, That I attended deceased from 4-25 ✓, 1927, to 6-26, 1927 that I last saw him alive on June 26, 1927, and that death occurred, on the date stated above, at 6 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

23A Chronic Pulmonary Tbc. Tuberculosis

122A

Possibly (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Right Inguinal

Hernia (duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At Patients home

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? microscopic

(Signed) Howard D Stucky, M. D

, 19 (Address) 2024 So Jefferson

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Memorial Park Cemetery

DATE OF BURIAL: June 29 1927

20. UNDERTAKER: Elmer Shepard

ADDRESS: 5921 Easton ave

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.

[illegible] IS A PERMANENT RECORD

Dr Stucky
8-12