

FEB 23 1928

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

Do not use this space.

2384

1. PLACE OF DEATH

County St. Louis
Township Central
City Maplewood (No.)

Registration District No. 786
Primary Registration District No. 4469

File No.
Registered No. 11
St. Ward)

2. FULL NAME

Marian Bell Blakey
(a) Residence. No. 3715 Oxford St., Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF Oscar Blakey

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 31 1888

7. AGE

YEARS	MONTHS	DAYS
<u>39</u>	<u>11</u>	<u>29</u>

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis, Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Daniel W. Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mt. Pleasant

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Carrie Hetzel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

New Orleans

(STATE OR COUNTRY)

14.

INFORMANT (Address)

Carrie Hetzel
3715 Oxford Ave

15.

FILED

1/31 1928 Wm. A. Schuster
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan. 29 - 1928

17.

I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1927, to Jan 25, 1928

that I last saw her alive on Jan 25, 1928, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial nephritis

CONTRIBUTORY (SECONDARY)

Myocardial & arteriosclerosis

18. WHERE WAS DISEASE CONTRACTED

121 W

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

8

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. E. Gaston, M. D.

1/30, 1928. (Address) Webster Groves, Mo

*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

Bellefontaine Cem

DATE OF BURIAL

2/1 1928

20. UNDERTAKER

Grogan 7146 Manchester

ADDRESS

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.

PERMANENT RECORD

17 E.P.M.

OCT 22 1942