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

Do not use this space.

19660

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 4449 West Pine Blvd. St. ..... Ward)

File No. ..... Registered No. 5267

2. FULL NAME Col. Wells H. Blodgett

(a) Residence. No. 4449 West Pine Blvd. St. Ward 19
(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: Emma D. Blodgett

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 29 1839

7. AGE: Years 90 | Months 3 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Downes Grove
(STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Isreal P. Blodgett
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Amherst
(STATE OR COUNTRY): Mass
12. MAIDEN NAME OF MOTHER: Avis Dodge
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Amherst
(STATE OR COUNTRY): Mass.

14. INFORMANT: Henry W. Blodgett
(Address) 4449 West Pine Blvd

15. FILED MAY 11 1929 19.. Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 14, 1929, to May 8, 1929, that I last saw him alive on May 8, 1929, and that death occurred, on the date stated above, at 1:50 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis - Senile
Pneumonia hypostatic terminal
Myocarditis chronic not Broncho
or Lobar #103 (duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Lung - heart - arteries
(Signed) Louis H. Bickmann, M. D
May 10, 1929. (Address) 102 No Broadway

*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: M. 19 29

20. UNDERTAKER: C. R. Lupton
ADDRESS: 4449 Olive St

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.

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[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD

12-2 pm.

Lungs. heart, sclerosis.