

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

Do not use this space.

17481

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. Ex Route to City Way #1) St. .... Ward)

File No. ....  
 Registered No. 4554

**2. FULL NAME** Blanche Marchant  
 (a) Residence. No. 2221 Olive St. St. 21 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Unknown</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u>		
7. AGE	YEARS	MONTHS
<u>Abt</u>	<u>43</u>	<input checked="" type="checkbox"/>
		DAYS
		<input checked="" type="checkbox"/>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Unknown</u> (b) General nature of industry, business, or establishment in which employed (or employer) ..... (c) Name of employer .....		

9. BIRTHPLACE (CITY OR TOWN).....  
 (STATE OR COUNTRY) Unknown

PARENTS	10. NAME OF FATHER
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Missouri</u>
	12. MAIDEN NAME OF MOTHER <u>W.A.</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) .....

14. INFORMANT Joe W. Kerner  
 (Address) 2 Thompson Place

15. FILED 19 May 10 1930 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**  
J. W. Kerner  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/6/30 19  
 17. No Physicians in attendance  
 I HEREBY CERTIFY, That I attended deceased from .....  
 , 19....., to....., 19.....  
 that I last saw h..... alive on....., 19....., and that  
 death occurred, on the date stated above, at..... 12:15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Asphyxiation (Wine to Fuel)  
Self Administered  
16 B.C (duration) yrs. mos. ds.  
 CONTRIBUTORY Suicide  
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
167  
 IF NOT AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) J. W. Kerner M.D.  
 (Address) 215 Cornwell

19. PLACE OF BURIAL, CREMATION, OR REMOVAL  
Toledo Ohio DATE OF BURIAL 5/9 1930

20. UNDERTAKER  
Ziegenhals Bros ADDRESS 26-1 Cherokee

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.

WRITE PLAINLY, WITH OUTLINDING INK—THIS IS A TELETYPE RECORD

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