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.

MAR 25 1932

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

Do not use this space.

6069

1. PLACE OF DEATH
96 County St. Louis — Registration District No. 1160 — File No.
10 Township Central — Primary Registration District No. 4470 — Registered No. 11
5 City University City (No. 7010 Lindell Ave. St. Ward)

2. FULL NAME Mary. Blakeslee

(a) Residence, No. 7010 Lindell St., 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dwight Blakeslee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5. 1856

7. AGE YEARS 75. MONTHS 5 DAYS 27. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland. 15

FATHER
13. NAME Francis McKean
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Mary. Lester.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT (ADDRESS) Lester C. Blakeslee 7010 Lindell Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary. DATE Feb 5. 1932

19. UNDERTAKER (ADDRESS) Mullen Und Co. 5165 Delmar Blvd.

20. FILED Feb. 3 1932 Lena V. Moeller D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1932, to Feb 2 - 1932; ~~19~~
I last saw her alive on Feb 2 - 1932. Death is said to have occurred on the date stated above, at 12.55 p.m.
The principal cause of death and related causes of importance were as follows:

Bronchs. Pneumonia. — Date of onset Jan 24-32
107A
162
107A

Other contributory causes of importance:
Senility.

(1)

Name of operation no — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Wm J Langan, Jr, M. D.
(Address) 5863 Plymouth av

[illegible]

5[illegible]3 [illegible] Cat. [illegible]

11/12.