

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

Do not use this space.

24958

1. PLACE OF DEATH

County Ruthers Hospital Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis Mo. (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 6375
St. _____ Ward _____

2. FULL NAME

Harry Blankenship, Jr.
(a) Residence No. 3869 Dexter St. 23 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20th 1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
0 0 2 days

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work New-born
(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 Harry Blankenship

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Flora Del. (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Ellen Cannon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kalway Co. Ireland (STATE OR COUNTRY)

14. INFORMANT A. Frieda Landaty (Address) Ruthers Hospital

15. FILED Aug 23 1933 J. F. Bedeck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22nd 1933

17. I HEREBY CERTIFY, That I attended deceased from July 20th, 1933, to July 22nd, 1933, that I last saw him alive on July 22nd, 1933, and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intracranial hemorrhage
11010 (duration) _____ mos. 2 ds.

CONTRIBUTORY L.O.P. Difficult delivery (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) [Signature] M. D.

7/22 1933 (Address) 505 Union Club Bldg

*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 St. Mathew Cemetery DATE OF BURIAL July 24 1933

20. UNDERTAKER Gruenherm Bros. ADDRESS 2623 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.

AUG 26 1933

PARENTS

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