

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space
27917

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 4032, Greenleaf Pl. St. Ward) Registered No. 6967

2. FULL NAME

Thomas S. Blake
(a) Residence, No. 4032 Greenleaf Pl. 10 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16 1886

7. AGE YEARS 77 MONTHS 3 DAYS 25 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) N. Y.

13. NAME Thomas S. Blake

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

15. MAIDEN NAME Isabelle McNulty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Albert W. Platt (ADDRESS) 4032 Greenleaf Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Aug 14 1933

19. UNDERTAKER W. A. Stroh M.D. Co. (ADDRESS) 2117 Grand Blvd.

20. FILED AUG 11 1933 J. Brebeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1933, to Aug 11 1933
I last saw him alive on Aug 10 1933. Death is said to have occurred on the date stated above, at 3:45 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis Date of onset 8/10/33
82B
17
162
Other contributory causes of importance: Arterio Sclerosis (Senile)

Name of operation none Date of operation
What test confirmed diagnosis symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none Date of injury
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Chas P. Pyper, M. D.
(Address) 3903 Le Ave

No. 1111

7-3

See am.
Oct. 2, 1911

McTully

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