

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

Do not use this space.

**1. PLACE OF DEATH**

County Washington

Registration District No. **791**

Township St. Louis

Primary Registration District No. **1003**

City St. Louis

(No. Christian Hospital)

File No. 22427  
Registered No. 6212  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Joseph Blankenship

(a) Residence, No. 2438 Mary Ave. St. 9 Ward \_\_\_\_\_

(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) Aug. 29 - 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
15 4 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Dallas County Mo.

MOTHER FATHER 13. NAME Wm. Blankenship

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas County Mo.

15. MAIDEN NAME Jessie Atterbury

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas County Mo.

17. INFORMANT Willa Blankenship

(ADDRESS) 2438 Mary Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE June 26 1934

19. UNDERTAKER John G. Steiteman

(ADDRESS) 5079 Durant Ave.

20. FILED 26 1934 J. Brubaker Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1934

22. I HEREBY CERTIFY that I attended deceased from June 20 1934 to June 23 1934

I last saw him alive on June 23/34 1934 Death is said to have occurred on the date stated above, at 11:00 m.

The principal cause of death and related causes of importance were as follows:

1210  
generalized peritonitis  
following acute  
appendicitis

Date of onset

Other contributory causes of importance  
low power of  
resistance due to  
paralysis for 10 yrs.

Name of operation appendectomy Date of 6/20/34

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. H. Kerkus, M. D.  
(Address) 6704 W. 7th Street

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.

