

FEB 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County MissouriRegistration District No. 791Township St. LouisPrimary Registration District No. 1003City St. Louis(No. Lutheran Hospital)File No. 3172Registered No. 396St. Ward 2. FULL NAME Glenn Blankenship(a) Residence, No. 5125 Linden St. W.R. Ward. Gardenville Mo.

(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.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matilda Blankenship6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 - 1904

7. AGE

YEARS 31MONTHS 7DAYS 5

If LESS than 1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electric9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Welder

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. Blankenship14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas County Mo.15. MAIDEN NAME Lessie Attebury16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas County Mo.17. INFORMANT (ADDRESS) Matilda Blankenship 5125 Linden

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE Jan. 11, 193619. UNDERTAKER (ADDRESS) John A. Genteman 45077 Durant Ave.

20. FILED

19

Registrar. J. P. Prebeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 193622. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1936 to Jan 9, 1936I last saw him alive on Jan 18, 1936 Death is saidto have occurred on the date stated above, at 7 a. m.

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

Pericarditis Acute Date of onset Jan 11
Myocarditis
to Rheumatic fever
56

Other contributory causes of importance:

Acute Rheumatic fever
cause unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? No

If so, specify _____

(Signed) W. Wagonbach, M. D.(Address) 4738 22nd

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 UNFADING INK—THIS IS A PERMANENT RECORD

