DEC 3 1936

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

Do not use this space. 42723

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11240

City St. Louis (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Thomas H. Blundell

(a) Residence, No. 7392 Kingsbury St., N.R. Ward. K. City, 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. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Norma W. Blundell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4th 1861

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice-Pres, Scruggs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Vander- Barney
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) Kilrest Ireland

FATHER

13. NAME Matthew Blundell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Catherine Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Norma W. Blundell 7392 Kingsbury

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Nov 13th 1936

19. UNDERTAKER (ADDRESS) Wagoner Undertaking Co 3621 Olive Street

20. FILED NOV 12 1936 19 J. F. Biedick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 — 11 — , 1936

22. I HEREBY CERTIFY, That I attended deceased from 11 — 6 — , 1936, to 11 — 11 — , 1936

I last saw him alive on 11 — 11 — , 1936 Death is said to have occurred on the date stated above, at 4 a. m.

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

	Date of onset
Carcinoma of Esophagus	
Arteriosclerosis, gen'l.	
Terminal pneumonia	
Branchial	

Other contributory causes of importance: 46a

Name of operation ..... 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? ..... 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) A. B. Phillips, M. D.

(Address) [illegible]

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.