

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis, Mo. (No. City Hospital #1)

Registration District No. 791  
Primary Registration District No. 1003

File No. 4100  
Registered No. 1143  
St. .... Ward)

**FEB 8 1937**

**2. FULL NAME** William Blades,  
(a) Residence, No. 1307 Monroe Street St. 26 Ward. 1  
(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** Late Margaret Blades

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** March 4, 1851  
**7. AGE** YEARS 85 MONTHS 10 DAYS 20 If LESS than 1 day, ..... hrs. or ..... min.

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Labor-General  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** 239  
**10. Date deceased last worked at this occupation (month and year)** ..... **11. Total time (years) spent in this occupation.** 102

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Tennessee

**13. NAME** Not Known

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Not Known

**15. MAIDEN NAME** Not Known

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Not Known

**17. INFORMANT** James Blades,  
(ADDRESS) 1307 Monroe Street

**18. BURIAL, CREMATION, OR REMOVAL**  
PLACE Friedens Cem. DATE Jan. 27th 1937

**19. UNDERTAKER (ADDRESS)** My Leidman and Co. 1417 N. Market St.

**20. FILED** 25 1937 Registrar. J. F. Bredeck

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Jan 24 1937

**22. I HEREBY CERTIFY, That I attended deceased from** ..... 19....., to..... 19.....  
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 7 P.M.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia  
Date of onset

Other contributory causes of importance:  
Fracture of Left Femur suffered in fall on ice in vicinity of 1307 Monroe

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? Accident Date of injury 1/11 1937  
Where did injury occur? In alley 12th & Monroe  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury See Above  
Nature of injury.....

**24. Was disease or injury in any way related to occupation of deceased?** Yes  
If so, specify Yes  
(Signed) Joseph M. Green M.D.  
(Address) Deputy Coroner

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.

