

FEB 12 1938

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

707

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **563**
 (c) City **ST LOUIS** (d) Street No. **ST JOHN'S HOSP** St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MABLE MOORE BLAKE 1120
 (a) Residence, No. **5030 KENSINGTON** St. **12** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 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 **ALBERT W BLAKE**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **DEC 22 1885**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 0 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **AT HOME**
 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) **TENN**

FATHER 13. NAME **JOHN H MOORE**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **TENN**

MOTHER 15. MAIDEN NAME **MARGARET SEHLUND**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **TENN**

17. INFORMANT (ADDRESS) **MRS H S TRIDDLE 1038 OAKVIEW PL**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY** DATE **JAN 18 1938**

19. FUNERAL DIRECTOR (ADDRESS) **LAWRENCE MULLEN 5165 DELMAR BLVD**

20. FILED **JAN 17 1938** **J. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JAN 15 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 9th**, 19**38**, to **Jan 15**, 19**38**
 I last saw h..... alive on **Jan 15**, 19**38** Death is said to have occurred on the date stated above, at **6:15** m.

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

Pneumonia, Lobar Rt.

Date of onset

Other contributory causes of importance: **108**

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? **NO**

If so, specify (Signed) **M. J. Bierman**, M. D.

(Address) **1021 N. Grand**

STATEMENT BY LICENSED EMBALMER

I, John Hetter, Licensed Embalmer No. 3880

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed John Hetter
Licensed Embalmer No. 3880

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)