

FEB 12 1938

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

 1116  
 Do not use this space.

## 1. PLACE OF DEATH

 (a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis, Mo.** (d) Street No. **6911** **Scanlon Ave.** Registered No. **972**  
 (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

**Louise A. Blais 420**  
 (a) Residence, No. **6911 Scanlon Ave.** St. **3**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

 3. SEX **Female**  
 4. COLOR OR RACE **White**  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **James H. Blais**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 28, 1845**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**88 - 27**

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **at home**  
 9. Industry or business in which work was done, as 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) **Randolph county, Ill. 1**

 FATHER 13. NAME **De Witt 1**

 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois 1**

 MOTHER 15. MAIDEN NAME **Alice Horrell**

 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill. 1**

 17. INFORMANT **Mary A. Hahn**  
 (ADDRESS) **6911 Scanlon Ave.**

 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Calvary Cem** DATE **1/27/38** 19

 19. FUNERAL DIRECTOR **Groghan and Co. Inc.**  
 (ADDRESS) **7146 Manchester Ave.**

 20. FILED **St. Bredeck** 19  
**JAN 26 1938** Local Registrar

## MEDICAL CERTIFICATE OF DEATH

 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/24, 1938**

 22. I HEREBY CERTIFY, That I attended deceased from **June 14, 1936**, to **Jan 24, 1938**  
 I last saw him alive on **Jan 24, 1938**. Death is said to have occurred on the date stated above, at **1:00 p.m.**  
 The principal cause of death and related causes of importance were as follows:

**Hydrostatic Peritonitis**  
**Tubercular**  
**108**  
 Date of onset

 Other contributory causes of importance:  
**arterio-sclerosis**  
**hypertension**

 Name of operation **none** Date of operation  
 What test confirmed diagnosis? **clinical** 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 **no**  
 (Signed) **P. B. Cappel**, M. D.  
 (Address) **3239 Brookline Ave**

STATEMENT BY LICENSED EMBALMER

I, M. J. Croghan, Licensed Embalmer No. 2622

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 M. J. Croghan

Licensed Embalmer No. 2622

**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.)**