

REC'D APR 1 1938

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

8705

Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital **791**  
(a) County ..... / Registration District No. ....  
(b) Township ..... / Primary Registration District No. **1003**  
(c) City St. Louis (d) Street No. 2601 N. Whittier 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 45 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. **2294**

2. PRINT FULL NAME James Henry Blanks 452  
(a) Residence, No. 4354 N Market St. **11**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 19 385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Blanks22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 19 38, to March 5, 19 386. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1872I last saw h. im alive on March 5, 19 38. Death is said to have occurred on the date stated above, at 8:58 a.m.7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 1 27

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
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

Cerebral apoplexyDate of onset  
2/27/3812. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi 1Other contributory causes of importance  
Nephrosclerosis13. NAME James Henry Blenks 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi 915. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Evelyn Hilliard  
2601 N Whittier18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem DATE 3/4/38 19 3819. FUNERAL DIRECTOR (ADDRESS) L. J. Sued & Co.  
2812. The Plaza St.20. FILED MAR 7 1938  
J. P. Braddock23. 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. J. Lewis, M. D.  
(Address) 2601 N Whittier

STATEMENT BY LICENSED EMBALMER

I, *W. H. Stewart*, Licensed Embalmer No. 2216

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *W. H. Stewart*

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *W. H. Stewart*

Licensed Embalmer No. 2216

**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.)**