OCT 31 1938

NOV 4 1938

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

36868
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township — Primary Registration District No. 200 — Registered No. 1769
(c) City Wellston, Mo. — (d) Street No. 1200 Vera Ave., 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 William H. Bland,
(a). Residence, No. 1200 Vera Ave., St.
(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: 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 Margaret Bland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1881.

7. AGE — YEARS: 57 — MONTHS: 0 — DAYS: 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House
9. Industry or business in which work was done, as saw mill, bank, etc. Decorater
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) St. Louis, Missouri

FATHER
13. NAME Caleb Bland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Amelia Edwards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Mrs. Margaret Bland
(ADDRESS) 1200 Vera Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE Oct. 31/38.

19. FUNERAL DIRECTOR Jos. W. Clark,
(ADDRESS) 1125 Hodiamont Ave.,

20. FILED OCT 31 1938, 19 G. R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28/38. 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to Oct 28 — 1938, 19
I last saw him alive on Oct 28 - 38, 19 Death is said to have occurred on the date stated above, at 9.00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Lung	10-28-38

Other contributory causes of importance: 47

Primary Carcinoma of Rt Lung	?

Name of operation — Date of
What test confirmed diagnosis? Clin. 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) Leo J. Kelly, M. D.
(Address) 8105 Page Blvd.,

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr. Leo Reilly
8I05 Page Blvd.,
Winfield I02I.
5.30 P.m.

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I.

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Jos. W. Clark.

Licensed Embalmer No. I66I.

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