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

17371
Do not use this space.

1. PLACE OF DEATH REC'D JUN 12 1939 2

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1008 Registered No. 4905

(c) City St. Louis (d) Street No. 4761 Plover 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 4(?) James Lafayette Blair.

(a) Residence, No. 4761 Plover Ave. St. 7
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Blair.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 4, 1894.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
45	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unemployed.
9. Industry or business in which work was done, as saw mill, bank, etc. auto worker.
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) Jefferson County, Missouri.

FATHER

13. NAME William Blair. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton, Canada. 2

MOTHER

15. MAIDEN NAME Catherine Pringle. 4
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland.

17. INFORMANT (ADDRESS) Mrs. Lillie G. Watkins. 121 Spring Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens Cem. DATE May 31, 1939.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. L. Pleitsch Inc. 5966-68 Easton Ave.

20. FILED MAY 31 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 23rd, 1939, to May 28, 1939
I last saw him alive on May 28, 1939 Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1935

Other contributory causes of importance: none

Name of operation none Date of ✓
What test confirmed diagnosis? Clinical & Lab 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) Roy Johnson, M. D.
(Address) Ferguson Mo.

(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.

X14028

Dr. Ray Johnson
Ferguson 7110.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 3454 David C. Gibson, or by _____,

Registered Apprentice No._____, working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address_____

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.)

If this body is not embalmed, above space should be left blank.