

REC'D AUG 11 1939

Registration District No.

791

Primary Registration District No.

Registrar's No.

6275

1. PLACE OF DEATH:

(a) County **1003**
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **City Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 days**
 (Specify whether
 In this community **82 years**
 years, months or days)

3. (a) PRINT FULL NAME **Pauline Blanquet 452**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **No**

4. Sex **Female**
 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Wid.**
 6. (b) Name of husband or wife **Joseph Blanquet**
 6. (c) Age of husband or wife if alive **Deed.** years
 7. Birth date of deceased **Feby. 3rd. 1857**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 5 12 hr. min.

9. Birthplace **Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business

MOTHER FATHER
 { 12. Name **George Kline**
 { 13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
 { 14. Maiden name **Don't know**
 { 15. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **George Slattery**

(b) Address **5979 Summit Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7-17-39**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Hiram Cemetery**

18. (a) Signature of funeral director **Funeral Home Co**

(b) Address **3710 N. Grand Blvd.**

19. (a) **JUL 16 1939** (Date received local registrar) (b) **J. B. Brubaker** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **5979 Summit Ave.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **15** day **July**
 year **1939** hour **3:45** minute **A** M.

21. I hereby certify that I attended the deceased from **7/13/39**
 _____, 19____, to **7/15**, 19____
 that I last saw him **OR** alive on **7/15**, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration
Hypertension
Arterio sclerosis, general

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of plant) (e) Means of injury _____

23. Signature **J. B. Brubaker** (M. D. or other) _____

Address **City Hospital** Date signed **7/15**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

FORM 5-17-39
REV. 5-17-39
U. S. G. P. 1939

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

Signed

Robert L. Burkman

Licensed Embalmer No.

3553

P. O. Address

3710 N Grand Blvd

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.