REC'D SEP 1 1939

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

Do not use this space.

File No. 30129

Registered No. 1520

1. PLACE OF DEATH

County: St. Louis 2 — Registration District No. 784

Township: 1 — Primary Registration District No. 200

City: Bonhomme (No. In Babler Park St. Ward)

2. FULL NAME 4 FRANK BLAIR

(a) Residence, No. Allentown, Mo. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## 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: Lucille Blair,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1, 1888

7. AGE: Years 51 | Months 2 | Days 25 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Powderman (blasting)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: #134 W.P.A. Project,

10. Date deceased last worked at this occupation (month and year): Aug. 25, 1939

11. Total time (years) spent in this occupation: 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know 9

FATHER

13. NAME: Don't know 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know 9

MOTHER

15. MAIDEN NAME: Don't know 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

17. INFORMANT: B. A. Tellman
(ADDRESS) Ballwin, Mo.

18. BURIAL, CREMATION, OR REMOVAL: St. Louis Co.
PLACE Mt. Lebanon Cem. DATE Aug. 28, 1939

19. UNDERTAKER: Schrader Funeral Home
(ADDRESS) Ballwin Mo

20. FILED AUG 28 1939 [illegible] (Registrar.)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 P m. (33)

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

| | Date of onset |
|---|---|
| Coronary occlusion | 1 day |

Other contributory causes of importance: 94b

Name of operation ..... Date of .....

What test confirmed diagnosis? history 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) John [illegible] M. D.

(Address) Coroner of St. Louis County, Mo.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me-

Theo. Schrader.

Licensed Embalmer no-3066..

P.O. - Ballwin, Mo.