

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

State File No. 38141

Registrar's No. 9980

1. PLACE OF DEATH: 1008 0 2  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2902a Gamble  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community: Unavailable  
 years, months or days

3. (a) PRINT FULL NAME Liller Blakley 424  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife William Blakley 6. (c) Age of husband or wife if alive 59 years  
 7. Birth date of deceased Unavailable 1884  
 (Month) (Day) (Year)

8. AGE: Years About 55 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Helena Arkansas  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Unknown - Washington 9

13. Birthplace Unavailable 9  
 (City, town, or county) (State or foreign country)

14. Maiden name Anna - Unavailable 9  
 (City, town, or county) (State or foreign country)

15. Birthplace Unavailable 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jeanette Sutton

(b) Address 2902a Gamble

17. (a) Burial (b) Date thereof 11/25/1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. Bates

(b) Address 4107 Finney Ave.

19. (a) NOV 22 1939 (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 1  
 (c) City or town St. Louis 21  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2902a Gamble  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 20th  
 year 1939 hour 7:15 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from November 18th 39 to Nov. 20th 1939,  
 that I last saw her alive on November 20th 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration 12 Hrs  
Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
 (Include pregnancy within 3 months of death)

Major findings: None

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) NO

(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 place)

(e) Means of injury \_\_\_\_\_

23. Signature M. G. Mueller (M. D. or other)

Address 2335 Franklin Ave. Date signed \_\_\_\_\_

**STATEMENT BY LICENSED EMBALMER**

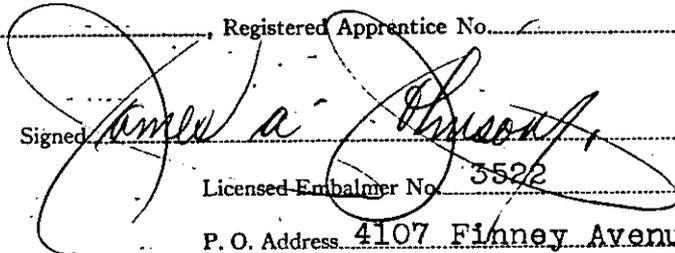
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**James A. Johnson**

working under my personal supervision.

Registered Apprentice No.....

Signed



Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Avenue**

**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.**