

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40878

REGISTRATION DISTRICT NO. 184

Primary Registration District No. 200

Registrar's No. 2078

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution:
1576 Valle 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 1576 Valle
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME John Blanton 49
3. (b) If veteran, name war no 3. (c) Social Security No. _____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Leona Blanton 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased January 29 1857
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 24 year 1939 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Sept. 1 1935, to Nov. 24 1939;
that I last saw him alive on Nov. 23 1939;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
82 9 25 hr. _____ min.

Immediate cause of death
Cerebral hemorrhage 2 day
Arteriosclerosis
Due to Senility

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Blacksmith
11. Industry or business _____

Due to _____
Other conditions (Include pregnancy within 3 months of death)
Stroke

MOTHER FATHER
12. Name Steve Blanton
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Day
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Orval Blanton
(b) Address 1576 Valle
17. (a) burial (b) Date thereof 11-27-99
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sullivan Mo

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? _____

18. (a) Signature of funeral director J J Williams
(b) Address Sullivan Mo
19. (a) NOV 27 1939 (b) W. M. [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of Injury _____
23. Signature J Asterling (M. D. or other) _____
Address 9266 Manchester Date signed 11/24/39

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.

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 *Howard F. Rowland*
Licensed Embalmer No. *3114*
P. O. Address *St Louis, Mo*

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.