

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(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:  
6708 S. Broadway  
(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)

3. (a) PRINT FULL NAME Max Starkloff Bland

8. (b) If veteran, name war World's War 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jeanette Bland 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased 6 (Month) 2 (Day) 1895 (Year)

8. AGE: Years Months Days If less than one day  
44 9 20 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

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

MOTHER FATHER { 12. Name Will Bland 0  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Nora Ward  
15. Birthplace Charleston So. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Ma Jeanette Bland  
(b) Address 6708 S. Broadway

17. (a) Burial (b) Date thereof 3/28/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Bennie Love  
(b) Address 3103 Washington Avenue

19. (a) MAR 26 1940 (b) J. F. Budick  
(Date received local registrar) (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. 6708 S. Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1940 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from July, 1938, to March 22, 1940  
that I last saw him alive on March 16, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chr plus acute Pericardial dilatation  
Auricular fibrillation  
Due to (Chr. Cardio-renal disease) 2 yrs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) ABC

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 place)  
(b) Means of injury \_\_\_\_\_

23. Signature Norman Miller M. D. or other MD  
Address 7327 D Broadway Date signed 3-25-40

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

OCT 31 1945

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 *Arthur L. Hilliard*

Licensed Embalmer No. *3389*

P. O. Address *3028 Decker St*

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.