S. No. 2
—11-10-39
v. 5-17-39
▶1 X21492

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

FILED AUG 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23740

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6185

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: Mo. Baptist Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one week (Specify whether
In this community one week years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Huntsville N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. none
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Native, U.S.A. years.

3. (a) PRINT FULL NAME WILLIAM ANDERSON BLAKLEY 424

3. (b) If veteran, name war xxx

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nancy Jane Blakley

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased January (Month) 1 (Day) 1865 (Year)

8. AGE: Years 75 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Armstrong, Howard Co., Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agricultural 9

FATHER 12. Name Unknown

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Lorene Blakley

(b) Address 9520 Forbes St., Lamay, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 25 40 (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury, Mo.

18. (a) Signature of funeral director C. H. Smith U. & I. Co.

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) JUL 24 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1940 hour 12:10 minute P. M.

21. I hereby certify that I attended the deceased from July 17, 1940, to July 23, 1940; that I last saw him alive on July 23, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration 6 months
from chronic myocarditis

Due to

Due to

Other conditions Prostatic Hypertrophy
(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? (Specify type of place)

While at work? (e) Means of injury —

23. Signature Joseph E. Glenn (M. D. or other)

Address 1958 Arcade Bldg. Date signed July 24/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Joseph Eleanor
Arabele Bldg

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.