

Registration District No. **791**

Primary Registration District No. **1003**

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

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:
Central Hospital
(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)

8. (a) PRINT FULL NAME. James W. Blakesley 424

8. (b) If veteran, name war. No. 8. (c) Social Security No. 494-03-6996

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

6. (b) Name of husband or wife. Single 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. April 4 1916
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>4</u>	<u>12</u>	hr. min.

9. Birthplace Vermillion Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Greyhound Bus Lines

12. Name Bruce Blakesley

13. Birthplace Vermillion CO. Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Evelina James

15. Birthplace Vermillion Co. Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Marshall A. Frist

(b) Address Clinton, Ind.

17. (a) Removal (b) Date thereof 8-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Ind.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 700 Washington Ave.

19. (a) AUG 17 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. 0 Missouri (b) County.....
(c) City or town. St. Louis 26
(If outside city or town limits, write "RURAL")
(d) Street No. 624 Tyler Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1940 hour 03 minute 55 P. M.

21. I hereby certify that I attended the deceased from Aug 9
..... 1940 to Aug 16 1940
that I last saw him alive on Aug 16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction 8 days and of Surgery

Due to Intestine

Due to Intestine

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Intestinal Obstruction
Of autopsy.....

Duration 8 days
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?.....
(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 Arthur H. Frist (M. D. or other) MD
Address 1901 Madison St Date signed Aug 16

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..... *W. H. Happe*

Licensed Embalmer No. *1861*

P. O. Address.....

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.