No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27302

SEP 25 1940

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 7198

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: St. Ann's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 hours (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Wellston NR
(If outside city or town limits, write "RURAL")

(d) Street No. 1566a Irving Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Roland Blair 460

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 24 (Day) 1940 (Year)

8. AGE: Years | Months | Days 1 | If less than one day 3 hr. min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Ray R. Blair.
13. Birthplace Perryville, (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Matilda Kheiser.
15. Birthplace St. Louis County, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Mr. Ray R. Blair.
(b) Address 1566a Irving Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-1940. (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) AUG 26 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th year 1940 hour 1 minute P.M. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on August 24th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature	
Due to	
Due to	
Other conditions (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 Clyde E. Kane (M. D.) or other) M.D.
Address 4625 Newberry Date signed 8-25-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.