

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 20 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36346

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1895

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(c) Name of hospital or institution: 508 Jeffords ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 Yrs
(Specify whether years, months or days)
In this community 40 Yrs

3. (a) PRINT FULL NAME Thomas J. Blest

8. (b) If veteran, None name war. 3. (c) Social Security Unknown No.

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

6. (b) Name of husband or wife Minnie Blest 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased May 11 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 25 If less than one day hr. min.

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

10. Usual occupation Coke Pusher

11. Industry or business Laclede Gas Co.

12. Name Valentine Blest

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

14. Maiden name Allice Walker

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

16. (a) Informant Minnie Blest

(b) Address 508 Jeffords ave.

17. (a) Burial (b) Date thereof Oct. 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Chas. W. R. & Co.
7814 S. Broadway

(b) Address 7814 S. Broadway

19. (a) OCT - 7 1940 (b) T. J. Meyer (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL").
(d) Street No. 508 Jeffords ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from Sept 20 1940 to Oct 6 1940

that I last saw him alive on Oct 5 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure due to Pulmonary edema Duration 24 hours

Due to Carcinoma of Rectum with metastasis to 5 months

Due to intestines and lungs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 4/10

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) (e) Means of injury

23. Signature J. J. White Address 758 Lemay Ferry Rd. Date signed Oct 7 1940

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 Louis 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.