

13-40  
7-39  
X23159

FILED JAN 8 1941

Registration District No. 784

Primary Registration District No. 202

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town Jennings.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
5526 Jennings Rd.  
(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) 2

3. (a) PRINT FULL NAME Blanche Buettner Harding.

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

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

6. (b) Name of husband or wife Charles D. Harding. 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased March 12 1901  
(Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
		<u>39</u>	<u>8</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation Housewife.

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

12. Name Albert Meyer.

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

14. Maiden name Minnie Kennifer.

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

16. (a) Informant Charles D. Harding.

(b) Address 5526 Jennings Rd.

17. (a) Burial (b) Date thereof 12-9-40.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) DEC 7 1940 (b) R.R. Meyer, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_

(c) City or town Jennings.  
(If outside city or town limits, write "RURAL")

(d) Street No. 5526 Jennings Rd.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 18, 1940, to Dec 6, 1940  
that I last saw her alive on Dec 5, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cancer of Cervix Uteri

Due to \_\_\_\_\_  
48

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 [Signature] (M. D. or other)

Address 6704 W. E. [Signature] Date signed Dec 5/40

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

MOTHER FATHER

**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: Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

**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, fact should be so stated above.**