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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33404

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8250

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 1307 Monroe
(d) Length of stay: In hospital or institution About 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 1307 Monroe
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19th
year 1941 hour 3:20 minute P. M.

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

Immediate cause of death: Cardiac Hypertrophy; Chronic Interstitial Nephritis; Alcoholism;

Due to
Due to
Other conditions: 1316
(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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
23. Signature: Thomas J. Callahan
Address: Deputy Coroner Date signed 10/21/41

3. (a) PRINT FULL NAME James Blade.
3. (b) If veteran, name war No.
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: Late Bessie Blade
6. (c) Age of husband or wife if alive
7. Birth date of deceased: About 1873

8. AGE: Years About 68
Months
Days
If less than one day hr. min.

9. Birthplace Bunkerhill, Illinois.
10. Usual occupation Unemployed.

11. Industry or business
12. Name William Blade.
13. Birthplace Illinois.
14. Maiden name Maggie Connely.
15. Birthplace Ireland.

16. (a) Informant William Blade.
(b) Address 1204a Hebert St.
17. (a) Burial (b) Date thereof 10-22-41
(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Hy. Ledner Und. Co.
(b) Address 2223 St. Louis Ave.
19. OCT 21 1941 (b) J. J. Budek (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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 Harold L. Ponder.....

Licensed Embalmer No. 3367.....

P. O. Address 2143 St. Louis av.....

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.