

Registration District No. **791**

Primary Registration District No. _____

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:
Franz Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **17 days**
In this community **35 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jefferson**
(c) City or town **Pevely, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **29**
year **1941** hour **10** minute **15** A.M.
21. I hereby certify that I attended the deceased from **10/12/41**
_____ 19____ to **10/29** 19____;
that I last saw him alive on **10/29** 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
liver and kidney insufficiency 36 hrs

Due to **cholecystitis, cholelithiasis and choledocholithiasis**

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations **multiple stones in gall bladder + common duct**
Of autopsy _____

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 **Wendell Bartlett Jr.** (M. D. or other) **MD**
Address **607 N Grand** Date signed **10/29/41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **BLANCHE LEARNED**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **NOT TO BE FOUND**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **S**

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

7. Birth date of deceased: **9** (Month) **17** (Day) **1906** (Year)

8. AGE: Years **35** Months **1** Days **11** If less than one day _____ hr. _____ min.

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

10. Usual occupation **office worker**

11. Industry or business _____

12. Name **Blanche Learned**

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

14. Maiden name **Blanche Minerva**

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

16. (a) Informant **Blanche Learned**

(b) Address **St. Louis**

17. (a) **Sandy** (b) Date thereof **10/31/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sandy, Mo**

18. (a) Signature of funeral director **Hiditay mo**
(b) Address **Jefferson mo**

19. (a) **OCT 30 1941** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

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

00
17
9

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

J. Allen Davis J

Licensed Embalmer No.

4053

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.