

S. No. 2
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-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39508

FILED DEC 1 1941

Registration District No. 780

Primary Registration District No. 22

Registrar's No. 2350

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
9600

1. PLACE OF DEATH:
(a) County Saint Louis
(b) City or town Pine Lawn
(c) Name of institution Motherhood Counsel Home
6825 Natural Bridge Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since July 1941
(Specify whether
In this community 1
years, months or days)

3. (a) PRINT FULL NAME Ruby E. Blandon
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Blandin 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 31 1864
(Month) (Day) (Year)

8. AGE: Years 71 Months - Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name John Sterling
13. Birthplace Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Paer
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Blandin
(b) Address 4600 Westminster Pl.

17. (a) Burial (b) Date thereof Nov. 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
Sunset Burial Park
(c) Place: burial or cremation Craig Mortuary

18. (a) Signature of funeral director Craig Mortuary
(b) Address 4468 Washington Blvd.

19. (a) 11-21-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis,
(If outside city or town limits write "RURAL") 15
(d) Street No. 5100 Lotus Ave.
(If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 19th
year 1941 hour 8: minute 50 A. M.

21. I hereby certify that I attended the deceased from July, _____, 1941, to Nov. 19, _____, 1941;
that I last saw her alive on November 18 _____, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chr. Cardia-Vascular-Renal Disease
Chr. Generalized Hypertrophic Arthritis,
involving all joints.
Secondary Myocarditis, Chr. Int. Nephritis.
Uremia, Uremia coma -
Died in Home of the Incurables.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(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?
no (Specify type of place)

While at work? no (e) Means of injury _____
23. Signature [Signature] (M. D. or other)
Address 3718 Jennings Rd. Pine Lawn, Mo. 12-19-'41

Duration
1 mo.
PHYSICIAN
Underline the cause to which death should be charged statistically.

JUN 24 1943

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.