

S. No. 2
M-1-4-41
v. 5-17-39
X26390

12426
State File No. 4143
Registrar's No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED MAY 19 1942
791
Registration District No. Y

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(c) 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:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 hours.
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6217 Chatham Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANCES BLAIR.
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9th.
year 1942 hour 1 minute 30 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. May 8, 1942.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 8th
1942 to May 9th 1942
that I last saw her alive on May 9th 1942
and that death occurred on the date and hour stated above.

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

Immediate cause of death.....
Erythra. Platytyphoid (relaps)
Due to Benedicty meningitis
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Missouri.
(City, town, or county) (State or foreign country)
10. Usual occupation None

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

11. Industry or business.....
12. Name Edwin Blair.
13. Birthplace Brazeau, Missouri.
(City, town, or county) (State or foreign country)
14. Maiden name Frances Sommers.
15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Edwin Blair.
(b) Address 6217 Chatham Ave.

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?

17. (a) Burial (b) Date thereof 5-11-1942.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Lake Charles Cemetery.

While at work? (Specify type of place) (c) Means of injury.....

18. (a) Signature of funeral director. Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.
19. (a) MAY 11 1942 G. J. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature Clyde E. Karne (M. D. or other) M.D.
Address 12118 N. Taylor Date signed 5/9/42

(Licensed Embalmer's Statement on Reverse Side)

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 3454

David C. Gibson Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St.

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.