S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1942

Registration District No. 118

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25676

Registrar's No. 7003

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:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7338 Wellington Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Richard Clark Bland
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
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 Aug. 14 (Month) 1923 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
19	0	5	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation School
11. Industry or business
FATHER
12. Name Clark C. Bland
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary Shaw
15. Birthplace Rolla, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Clark C. Bland
(b) Address Wellington 7338
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/42 (Month) (Day) (Year)
(c) Place: burial Rolla, Missouri
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Ave.
19. (a) AUG 20 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 year 1942 hour 7 minute 55 A.M.
21. I hereby certify that I attended the deceased from August 18, 1942, to August 19, 1942 that I last saw him alive on August 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Intest. obstruction	Duration
Due to Atherosclerosis (probably)	
Due to	
Other conditions (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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Maynard Board (M. D.)
Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 1942

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 Welford G Burnley

Licensed Embalmer No. 4302

P. O. Address St Louis Mo

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.