

S. No. 2
1-9-4-41
5-17-39
P-I X29484

DEPARTMENT OF COMMERCE.
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28548

State File No.

Registrar's No.

8223

FILED OCT 14 1942 318

Primary Registration District No.

1003

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... ST. LOUIS - MISSOURI
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. LOUIS - CHILDRENS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 4 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME WALTER THOMAS BLYTHE

3. (b) If veteran, name war..... NO

3. (c) Social Security No..... NO

4. Sex MALE 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..... SEPT 24 - 1942
(Month) (Day) (Year)

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

9 hr. min.

9. Birthplace GRANITE-CITY ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation..... CHILD

11. Industry or business.....

MOTHER FATHER

12. Name WALTER BLYTHE

13. Birthplace STEWART-CO TENN
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH PERIGAN

15. Birthplace STEWART-CO TENN
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Blythe

(b) Address 2129 Madison Granite-City Ill

17. (a) 10-3-1942 (b) Date thereof Removal
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... ST JOHN'S - Home of

18. (a) Signature of funeral director..... Charles E. Mercer etc.

(b) Address Granite-City Ill

19. (a) OCT 5 1942 (b) J. R. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison

(c) City or town..... Granite-City Ill
(If outside city or town limits, write "RURAL")

(d) Street No..... 2129 Madison
(If rural, give location)

(e) Citizen of foreign country?..... No (Yes or No)

If yes, name country..... 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 3rd
year 1942 hour 7 minute 1:00 P.M.

21. I hereby certify that I attended the deceased from SEPT. 29th
20 - OCT 3 1942 to 1942
that I last saw him alive on Oct 3rd 1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... Atresia of the esophagus
(congenital)

Due to.....

Due to.....

Other conditions..... PT
(Include pregnancy within 3 months of death)

Major findings: Not done

Of operations.....

Of autopsy..... Not done

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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature..... J. R. Barnett (M. D. or other)

Address 500 St. Henry Highway Date signed.....

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 Charles C. Mercer
Licensed Embalmer No. 2988
P. O. Address Granite City

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.