

S. No. 2
M-5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31746

State File No.

Registrar's No. **8415**

FILED OCT 21 1942
Registration District No. **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**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4583a Kensington Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Albina C. Bledsoe**

3. (b) If veteran, name war.....
 3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Silas C. Bledsoe**

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

7. Birth date of deceased **February 13 1861**
(Month) (Day) (Year)

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

81	7	25hr.min.
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9. Birthplace..... **Indiana** /
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At home**

MOTHER FATHER { 12. Name..... **Frank Lewis**

13. Birthplace..... **Indiana** /
(City, town, or county) (State or foreign country)

14. Maiden name..... **Margaret Martin**

15. Birthplace..... **Indiana** /
(City, town, or county) (State or foreign country)

16. (a) Informant **John H. Bledsoe**

(b) Address **3973 Dover St.**

17. (a) **Burial**..... (b) Date thereof **10/ 12/ 42**.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **Jos W Clark**

(b) Address **1125 Hodiamont Ave.**

19. (a) **OCT 10 1942** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **12**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **3973 Dover St.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **8th**
 year **1942** hour **11** minute **25 P.M.**

21. I hereby certify that I attended the deceased from **June 1932** to **Oct 8 1942**
 that I last saw her alive on **Oct 12 1942**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **1932**

Due to **Senility**

Due to.....

Other conditions **Stomach (Cerebral Hemiplegia) 1942**
(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?.....

23. Signature **J. F. Bredeck** (M. D. or other).....
(Specify type of place) (Means of injury)
 Address **5205^a** Date signed.....

844 (Licensed Embalmer's Statement on Reverse Side)

Herbert P. Smith M.D.
5205 Chubberson St
Ft. Le. 5200.

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.....
.....
working under my personal supervision.

Registered Apprentice No.
Signed..... *Albert G. Koffe*

Licensed Embalmer No. *2951*

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, fact should be so stated above.