

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34876

State File No. _____

FILED NOV 6 1942
Registration District No. _____

Primary Registration District No. 111

Registrar's No. 2142

96
8
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(c) Name of hospital or institution: St. Mary's Hospital
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town Richmond Heights
(d) Street No. 1320 McCutcheon Ave.
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Blanche Raleigh
3. (b) If veteran, name war _____ 3. (c) Social Security No. Nil

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 13
year 1942 hour 10 minute 15 A M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Walter Raleigh 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 28, 1884

21. I hereby certify that I attended the deceased from October 4th, 1942 to October 13th, 1942
that I last saw her alive on October 13th, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 1 Days 15 If less than one day hr. _____ min. _____

Immediate cause of death: Coronary Embolism
Cerebral Embolism
Due to Chronic Valvular Heart Disease
Arteriosclerosis
Duration Terminal
9 days
Chronic
?

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

Other conditions (Include pregnancy within 3 months of death) PTA

10. Usual occupation Housewife

11. Industry or business _____

Major findings: Of operations no Of autopsy no
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name William Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Raleigh

(b) Address 1320 McCutcheon Ave., Richmond Heights

17. (a) Burial (b) Date thereof 10/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) OCT 14 1942 (b) C. H. McLean M.D.
(Date received local registrar) (Registrar's signature)

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 H. H. ... (M. D. or other) MD

Address 2816 Sutton Ave. Maplewood Date signed 10/14/42

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.....

Flora Eynock

Licensed Embalmer No. *1284*

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.

601-1-101