

FILED JAN -5 1943
318

Registration District No. _____
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:
8527 Minnesota ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
11 fo
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **8527 Minnesota ave.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mabel Blank**
(b) If veteran, name war **None**
(c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **26**
year **1942** hour **12** minute **noon** M.

4. Sex **Female**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **William Blank**
(c) Age of husband or wife if alive **58** years
7. Birth date of deceased **December 8 1889**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec. 10** 1942 to **Dec. 26** 1942, that I last saw him alive on **Dec. 26** 1942, and that death occurred on the date and hour stated above.

8. AGE: Years **53** Months **0** Days **18**
If less than one day _____ hr. _____ min.

Immediate cause of death
Cancer Breast with metastases to Metabolic System & other organs
Due to _____
Due to _____

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **At Home**

Other conditions (include pregnancy within 3 months of death)
50

11. Industry or business _____
12. Name **Clement Kountzman**
13. Birthplace **Brown Co. Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Florence Gamache**
15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Miss Cora Blank**
(b) Address **7814 S. Broadway**
17. (a) **Burial** (b) Date thereof **12-29-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Olive cemetery**

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) (e) Means of injury _____

18. (a) Signature of funeral director **C. H. Webster U.S.L. Co.**
(b) Address **7814 S. Broadway**
19. (a) **DEC 28 1942** (b) **J. F. Braden**
(Date received local registrar) (Registrar's signature)

23. Signature **C. W. ...** (M. D. or other) _____
Address **1504 ...** Date signed **1/1/43**

Dr. W. E. Eastman
1-4 pm
1504 B Grand
Methuen Mass

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.....

Louis C. Hoffmeister

..... Licensed Embalmer No. 3871

P.O. Address 7814 S. Broadway

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.