

FILED FEB 2 1943 318

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 798

1. PLACE OF DEATH:

(a) County St. Louis.  
 (b) City or town St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Christian Hospital.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 Weeks.  
(Specify whether)  
 In this community 30 Years.  
years, months or days

3. (a) PRINT FULL NAME Emma Blank

3. (b) If veteran, name war No. 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 Late Charles Blank. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 3 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>10</u>	<u>22</u>	_____ hr. _____ min.

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

10. Usual occupation Housework.

11. Industry or business \_\_\_\_\_

12. Name Marion Winters.

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

14. Maiden name Eugena McBride.

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

16. (a) Informant Anna Koetter.

(b) Address 3014 N. 21st. St.

17. (a) Burial (b) Date thereof 1-28-43.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JAN 25 1943 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_  
 (c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3014 N. 21st. St.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25  
 year 1943 hour 12:05 P. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 1 - 42, 1942, to Jan 25, 1943  
 that I last saw her alive on Jan 25, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus. Duration 15 m.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: no  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 Geo. A. Mellis (M. D. or other)  
 Address 21239 N. Grand Date signed 1-26-43

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

MOTHER FATHER

12-2-7-8 P.M.  
Geo. Melvin, Jr. 3826

**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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave

**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.