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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

52

State File No.

Registration District No. 318

Primary Registration District No. 100

Registrar's No. 461

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: St.Lukes Hospital. O
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Richmond Heights. 3 NA
(If outside city or town limits, write "RURAL")
(d) Street No. 1318 Highland Terrace.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES R. BLANKENBAKER.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rose R.Blankenbaker.

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

7. Birth date of deceased December 1,1847.
(Month) (Day) (Year)

8. AGE: Years 95 Months 1 Days 13 If less than one day hr. min.

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

10. Usual occupation Farmer (retired)

11. Industry or business

FATHER
12. Name Dont know
13. Birthplace Dont know 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont know
15. Birthplace Dont know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. H. L. Blankenbaker.
(b) Address 1318 Highland Terrace.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-1943. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Geo.L.Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) JAN 16 1943 (Date received local registrar) (b) J. F. Bredow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14th. year 1943 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from February 2 1942, to January 14 1943, that I last saw him alive on January 14 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Advanced arteriosclerosis years

Due to Cerebral hemorrhage years
Cerebral arteriosclerosis years

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

Duration

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?
(Specify type of place)
While at work (e) Means of injury

23. Signature Frederick Blackmann M. D. or other
Address 8[illegible] Hamilton Ave. St. Louis Mo. Date signed 1-15-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Fred W. Clark.
864 Hamilton Ave.
Hours 1 to 3.30 P.M.
Telephone Cabany 2354

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 3454 David C. Gibson, Registered Apprentice No. 346, working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St L-2

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.