

MAY 12 1943
Registration District No. 318

Primary Registration District No. 1003

State File No. 4188
Registrar's No. 4188

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 Days
(Specify whether _____)
In this community _____
years, months or days

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. 1515 Lafayette
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jim Blake
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Y
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 25 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 7
If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Jim Blake
13. Birthplace Art. 1
(City, town, or county) (State or foreign country)

14. Maiden name Luz Edwards
15. Birthplace Art. 1
(City, town, or county) (State or foreign country)

16. (a) Informant L. E. Blake
(b) Address 370 1/2 Page St. St. Louis

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 5 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Lafayette

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) MAY 5 1943 (Date recorded by Registrar) J. E. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2, year 1943 hour 10:20 minute A. M.

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

Immediate cause of death Lobar pneumonia

Due to Bronchial asthma

Due to _____

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

Major findings: Of operations _____

Of autopsy as above

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. Signed _____ (Specify type of place) _____ (e) Month of injury _____
Address 1515 Lafayette Ave. Date signed 5/3/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

4188
4188

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.....

Licensed Embalmer No.....

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.

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 11898
 Registrar's No. 4188

Registration District No. 318

Primary Registration District No. 1003

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. Louis City Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 19 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jim Blah

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced (unavailable)

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

7. Birth date of deceased. Oct 25 1908
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 13 If less than one day min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER, FATHER { 12. Name.....
 13. Birthplace..... (City, town, or county) (State or foreign country)
 14. Maiden name.....
 15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) JUN 25 1948 J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
 (c) City or town..... (If outside city or town limits, write "RURAL")
 (d) Street No..... (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 2
 year 1948 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....
 that I know how he/she died on..... 19.....
 and that death occurred on the date and hour stated above.
 Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions..... (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?

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

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

S-11898