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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19417

Registration District No. 18

Primary Registration District No.

Registrar's No. 5478

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

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:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether  
In this community..... 2 years (Specify whether  
. years, months or days)

3. (a) PRINT FULL NAME Della Bluett

3. (b) If veteran, name war no

3. (c) Social Security No. no card

4. Sex Female

5. Color or race Col.

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

6. (b) Name of husband or wife Henry Bluett

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66      —      —      hr. min.

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

10. Usual occupation Nil.

11. Industry or business

MOTHER { 12. Name Henry Brown

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

14. Maiden name Ella ?

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

16. (a) Informant Rev. Emmett Bluett

(b) Address 3306 Rugter St.

17. (a) Burial Washington Park Cemetery  
(Burial, cremation, or removal)

(b) Date thereof June 16, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Wright's Funeral Home.

(b) Address 3100 Easton Ave.

19. (a) JUN 15 1943 (Date received local registrar)

J. F. Brudeak (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009 12

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1908 Papin  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11,  
year 1943 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from June 8, 1943 to June 11, 1943  
that I last saw her alive on June 11, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Hypertension  
Cerebral Hemorrhage

Duration Unk.  
4 days

Due to.....

Due to.....

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

PHYSICIAN

Major findings:  
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 S. E. Smith (M. D. or other)

Address 2601 W. Patton Date signed 6/2/43

(Licensed Embalmer's Statement on Reverse Side)

**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

*Arthur L. Hilliard*

Licensed Embalmer No.

*42214*

P. O. Address

*4219<sup>th</sup> E Hazel*

**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.**