

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

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

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:  
5034 Raymond Ave  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")  
 (d) Street No. 5034 Raymond (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Caroline Van Blair

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. 2nd

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, Divorced, widowed

6. (b) Name of husband or wife James Van Blair 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 20 1875 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>70</u>	<u>67</u>	<u>8</u>	<u>7</u>	hr. _____ min.

9. Birthplace Adams County Ill (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Bernard Vollmer

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

14. Maiden name Mary Bauman

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

16. (a) Informant Mrs Gertrude Bradbury

(b) Address 5034 Raymond

17. (a) Reinterment (Burial, cremation, or removal) (b) Date thereof Aug 29-43 (Month) (Day) (Year)

(c) Place: burial or cremation Spring Ill

18. (a) Signature of funeral director Ray Mullen

(b) Address 5041 Beltham

19. (a) AUG 29 1943 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27 year 1943 hour 7:15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Carcinoma of Liver metastasis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) H/F

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Dr Alfred J. King (M. D. or other) \_\_\_\_\_

Address Deputy Coroner Date signed 8-29-43

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

MOTHER FATHER

Ro 4066  
Mrs. Brudine

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**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..... *William J. Hiron* .....  
Licensed Embalmer No..... *4319* .....  
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.**