

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

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FILED SEP 25 1943 317

Registration District No. 317

Primary Registration District No. 3070

Registrar's No. 2151

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
15 S ELM  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 40 YRS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL")

(d) Street No. 15 SOUTH ELM AVE  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HELEN MARIAN BLOCK

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 SINGLE

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased AUGUST 18<sup>th</sup> 1891  
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

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

12. Name HARRY ALLEN BLOCK

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

14. Maiden name ANNA CORA O'NEAL

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

16. (a) Informant Mary B. Coggeshall

(b) Address 15 S ELM AVE W. G.

17. (a) BURIAL (b) Date thereof SEP 24 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker Ind Co

(b) Address WEBSTER GROVES MO

19. (a) SEP 24 1943 (b) J. P. McManis  
(Recorded from office) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22  
year 1943 hour 5 minute PM

21. I hereby certify that I attended the deceased from July 9 1943  
to Sept 20 1943  
that I last saw her alive on Sept 20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of cervix uteri

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

Due to 48a

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

Major findings: carcinoma extension from cervix

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) (e) Means of Injury \_\_\_\_\_

23. Signature J. P. McManis (M. D. or other) M.D.  
Address 4932 Maryland Date signed 9/23/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

DEC 7 1949

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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 E. C. Aldrich

Licensed Embalmer No. 1932

P. O. Address Webster Grove

**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.**