

S. No. 2  
DM-5-43  
5-17-39  
1 X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39525**  
**11298**  
Registrar's No. \_\_\_\_\_

FILED DEC 29 1943 **318**

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

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:  
3655 West Pine Blvd. /  
(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

3. (a) PRINT FULL NAME William T. Blankenship  
(b) If veteran, name war None (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower  
(b) Name of husband or wife Amelia Blankenship 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 30 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 3 15 hr. min.

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

10. Usual occupation Instructor

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Hampton Blankenship  
13. Birthplace Unknown So. Carolina  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Taylor  
15. Birthplace Unknown So. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Campbell  
(b) Address 1060 81st St. University City

17. (a) Burial (b) Date thereof 12-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Mo.

18. (a) Signature of funeral director Albert H. Hoppe, Inc.  
(b) Address 4700 Washington Blvd.

19. (a) DEC 17 1943 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 3655 West Pine Blvd. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 15  
year 1943 hour 8 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Dec - 12 - 1943 to Dec - 15 - 1943  
that I last saw him alive on Dec - 15 - 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Broncho - Pneumonia Duration 5 days

Due to Intero. Sclerotic Hypertensive Disease 2 yrs

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

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
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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. Signature [Signature] (Specify type of place) (c) Means of injury \_\_\_\_\_  
Address 4390 W Pine 132 Date signed 12-15-43

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

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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.....  
*John Agonowski*  
.....  
Licensed Embalmer No..... *3398*  
.....  
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.**