

No. 2
5-43
17-39
X33671

FILED FEB 27 1944 818

1003

Registration District No. _____ Primary Registration District No. _____

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 9 days
In this community 30 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jeff Blanks

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

4. Sex Male 5. Color or race C 6. (a) ~~Single, widowed, married,~~ divorced 1

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

7. Birth date of deceased 3 20 1868
(Month) (Day) (Year)

8. AGE: 75 years 9 Months 15 Days If less than one day hr. min.

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

10. Usual occupation Minister

11. Industry or business _____

MOTHER FATHER

12. Name George Blanks 9

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

14. Maiden name ELIZABETH -

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

16. (a) Informant John Blanks

(b) Address 2135 Papin St

17. (a) ~~Burial, cremation, removal~~ (b) Date thereof 1/11/44
(Month) (Day) (Year)

(c) Place: burial or cremation Father: Dickson

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

(b) Address 3103 Washington

19. (a) JAN 10 1944 J. F. Budek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
921

(d) Street No. 2126 Franklin (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5,
year 1944 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from December 27, 1943, to January 5, 1944
that I last saw him alive on January 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Scrotal Hydrocele
Chr. Cystitis - Catarrhal

Duration
Unk.
Unk.

Due to Hypertensive
Due to Heart Disease

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

Major findings:
Of operations 93

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? _____

(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature A. H. Fleet (M. D. or other)
Address Abolwhitt Date signed 1/10/44

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

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. *4221*

P. O. Address *4219th E. Garfield*

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.