

2-43
7-39
X35897

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4452

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

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

(d) Street No. 3300 Russell
(If rural, give location)

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

3. (a) PRINT FULL NAME Celeste T. Blesse

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4
year 1944 hour 9.15 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from June 8, 1943, to February 4, 1944, that I last saw her alive on February 4, 1944, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William Blesse 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 26, 1884
(Month) (Day) (Year)

Immediate cause of death: Myocardial failure Chronic coronary
Chronic interstitial nephritis
Carcinoma (adenocarcinoma) of liver

Due to _____ 2 wks
1 wk
2 wks

Due to _____ 4 mon

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

8. AGE: Years 61 Months 2 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Attorney at Law

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____

12. Name Theodore Tracy

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Royce

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant William Blesse
(b) Address 3300 Russell

17. (a) Entombment (b) Date thereof 2/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) FFR 1 (b) J. F. Bredek
(Date received local registrar's) (Registrar's signature)

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. F. Bredek (M. D. or other) M.D.
Address 4952 Maryland Date signed 2/4/44

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

