No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 87

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 457

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: 6712 Michigan ave.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6712 Michigan ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALZIRE K.H. BLOW

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William T. Blow

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

7. Birth date of deceased December (Month) 29 (Day) 1866 (Year)

8. AGE: Years 77 Months 0 Days 17 If less than one day hr. min.

9. Birthplace Jefferson Barracks (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Wm. F. Haines
13. Birthplace Buffalo (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Kennedy
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. E. S. Barnard
(b) Address 6712 Michigan ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway

19. (a) JAN 16 1944 (Date received local registrar) (b) J. F. Beckerle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15 year 1944 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov. 13 1943, to Jan. 15 1944, that I last saw h alive on Jan. 15 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerosis — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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? (e) Means of injury

23. Signature Peter McSweeney (M. D. or other)
Address 6329 Cayton Date signed 1/15/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. McBratney

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 Paul A. Franklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address 7614 So. Broadw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.