

FILED JAN 19 1944

Registration District No. **47**

Primary Registration District No. **3008**

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2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Calaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hosp. #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 m. Apr. 19-1943
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County City of St. Louis

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

(d) Street No. 6523 Baitman An University City
(If rural, give location)

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

3. (a) PRINT FULL NAME Eugene Blades

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

20. DATE OF DEATH: Month Dec day 4 year 1943 hour 12 minute 5:0 A. M.

21. I hereby certify that I attended the deceased from Nov 2, 1943, to Dec 4, 1943; that I last saw him alive on Dec 3, 1943; and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased Nov 15 1889
(Month) (Day) (Year)

Immediate cause of death: Carcinoma of stomach

Due to _____

Due to _____

Other conditions Hypertensive Pulmonary Congestion
(Include pregnancy within 3 months of death)

Major findings: kyphotic stenosis
Of operations: as above

Of autopsy: as above

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>		<u>19</u>	hr. _____ min.

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

10. Usual occupation Pump maker + farm hand

11. Industry or business _____

12. Name Henry Blades

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

14. Maiden name Hattie Whittle

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

16. (a) Informant Hosp. records

(b) Address _____

17. (a) Removal (b) Date thereof 12-4-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (g) Signature of funeral director Baumann Brothers Inc

(b) Address Oreland mo

19. (a) 12-4-1943 (b) Josie Mosinkhoff
(Date received local registrar) (Registrar's signature)

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 R. J. Turner (M. D. or other) MD

Address Fulton mo Date signed 12-4-43

JAN 2 0 1944

109 W. Seventh St.
St. Louis, Mo.

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 *Earl F. Hillman*

Licensed Embalmer No. *3501*

P. O. Address *Overland, Mo.*

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.