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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1944

Registration District No. 247

Primary Registration District No. 6076

State File No. 4220

Registrar's No. 279

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Robertson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DOA Lambert Field
~~Smartt Field, USNAS, St. Louis, Mo.~~
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 307 Central Pl.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME William Leo Blankemeier

3. (b) If veteran, name war World War II

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Mar (Month) 6 (Day) 1917 (Year)

8. AGE:

Years	Months	Days	If less than one day
26	10	25	..... hr. ..... min.

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

10. Usual occupation Ensign,

11. Industry or business U. S. N. R.

FATHER
12. Name H an E. Blankemeier
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Maire Dusard
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant USNASm Lambert Field
(b) Address St. Louis, Mo.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.,

19. (a) FEB 2 - 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1944 hour 3 minute 35P. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Injuries, Multiple Extreme	
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) Accident

(b) Date of occurrence Jan 31st, 1944 076

(c) Where did injury occur? Near Lambert Field (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? yes (e) Means of injury Airplane

23. Signature P. C. Dupan (M. D. or other)

Address U.S.N.A.S. St. Louis Mo Date signed 2-1-44

(Licensed Embalmer's Statement on Reverse Side)

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.