

FILED MAR 1 1944 318
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence; # 625 So Skinker, Blvd.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. # 625 So Skinker Blvd.
(If rural, give location) 175
(e) Citizen of foreign country? no. (Yes or No) 95
If yes, name country _____

3. (a) PRINT FULL NAME Electra A. Blindbury.

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 Volney H. Blindbury 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 15th 1841
(Month) (Day) (Year)

8. AGE: Years 102. Months 6. Days 7. If less than one day _____ hr. _____ min.

9. Birthplace unknown Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Enoch Pomery

13. Birthplace unknown England
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Mrs. Robert M. Brown.

(b) Address # 625 So. Skinker Blvd.

17. (a) Removal (b) Date thereof 2/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Detroit, Michigan.

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) FEB 23 1944 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22nd.
year 1944 hour 6:15 minute P. M.

21. I hereby certify that I attended the deceased from July
1925, to Feb 22 1944
that I last saw her alive on Dec 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 10 years
Duration

Due to _____
Due to _____ 93

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature C. R. Lupton (M. D. or other) _____
Address 958 Riverside Bldg. Date signed 2/24/44

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

MOTHER FATHER

10 to 1
Arcade Bldg.
CH-7040
Burford.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, 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.