

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED APR 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11992
Registrar's No. 770

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pinecrest Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one month
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME ANNA BLANCHFIELD
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. female 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 November 10 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 4 18 hr. min.

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

10. Usual occupation at home
11. Industry or business at home

MOTHER FATHER

12. Name James H. Blanchfield
13. Birthplace Unknown Canada 2
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Noonan
15. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thos J. Carter
(b) Address 210 Hereford Ferguson, Mo
17. (a) Burial (b) Date thereof: 3 - 31 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director A. Krou R. U. Co
(b) Address 2707 N. Grand Bl. v. 14
19. (a) MAR 30 1944 (b) C. H. Mc Gavran M
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 210 Hereford
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 28th
year 1944 hour 9 minute 35th M.
21. I hereby certify that I attended the deceased from Feb. 23, 1944, to March 28, 1944,
that I last saw her alive on March 23, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus with Metastasis
Due to _____
Due to _____
Other conditions Arterio-Sclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy 486
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)
(c) Means of injury _____
3. Signature R. N. Jansen (M. D. or other) _____
Address Manchester Mo Date signed 3/28/44

(Licensed Embalmer's Statement on Reverse Side)

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

9600

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.....

W E Morris

Licensed Embalmer No.....

3360

P. O. Address.....

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.