

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

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43  
39  
37823

FILED JUN 1 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 days  
In this community 19 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis, 17  
(If outside city or town limits, write "RURAL") 921  
(d) Street No. 1826 (r) Cole  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Blanche Hester

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

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 1900  
(Month) (Day) (Year)

8. AGE: Years 43 Months 10 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace (City, town, or county) Miss! (State or foreign country)

10. Usual occupation House work at Home

11. Industry or business \_\_\_\_\_

12. Name Willis Allen

13. Birthplace (City, town, or county) Miss! (State or foreign country)

14. Maiden name Mattie Mason

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

16. (a) Informant Anna Ruby

(b) Address 2831 Clark ave

17. (a) Burial (b) Date thereof 5-25-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. F. Brunck

(b) Address 2915 Franklin Ave

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20, year 1944 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from May 6, 1944 to May 20, 1944  
that I last saw her alive on May 20, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Due to Hypertensive Heart Disease Duration Terminal  
Unk.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 93

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 Alma Masie (M. D. or other) 0  
Address 2601 3rd Street Date signed 5/22/44

**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..... *H. A. Green*.....

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

**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.**