

FILED NOV 10 1944  
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Registrar's No. 9439

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: City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 yrs. 11 mo. 8 ds.  
In this community 3 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3015 Gasconade St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES BLANCHARD

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

4. Sex 0 male 5. Color or race white 6. (a) Single, widowed, married, divorced Mar. Y  
6. (b) Name of husband or wife Isabelle Blanchard 6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased August 26 1886  
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Policeman RETIRED

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

12. Name George Blanchard  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Mc. Coy  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Dinger  
(b) Address 5400 Arsenal St.

17. (a) BURIAL (b) Date thereof 11/7/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. PETER AND PAUL

18. (a) Signature of funeral director GEBKEN-DEWZ

(b) Address 1842 MERAMEC ST.

19. (a) NOV 7 (b) J. F. Brebeck  
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 5,  
year 1944 hour 4.25 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan. 26, 1944,  
Nov. 5, 1944,  
that I last saw him alive on Nov. 5, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to Coronary occlusion 5 min.

Due to Luetic Aortitis 6 yrs x

Other conditions General Paresis  
(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) Means of injury \_\_\_\_\_

23. Signature Edmund Andrew Bowdler (M. D. or other) \_\_\_\_\_  
Address 5300 Arsenal St. Date signed 11/5/44

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

MOTHER FATHER

**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 **John Ketter**.....

Licensed Embalmer No **3880**.....

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.**