S. No. 2
OM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 30 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35223

State File No. 0

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 2179

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7737 Bonhomme Ave. (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) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saint Louis
(c) City or town Clayton (If outside city or town limits, write "RURAL") 96
(d) Street No. 7737 Bonhomme (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Blanche M. Dore'

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased January 13th 1890 (Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 9 If less than one day ___ hr. ___ min.

9. Birthplace Saint Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Teacher
11. Industry or business as above

FATHER
12. Name George Dore
13. Birthplace Cascaski (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Frances Hackley
15. Birthplace Louisville (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant Nancy Gordon
(b) Address 7737 Bonhomme Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.
19. (a) OCT 26 1944 (Date received for registry) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd year 1944 hour 10 minute 55 P. M.
21. I hereby certify that I attended the deceased from 1-18-1944, 19__, to 10-22-1944, 19__; that I last saw her alive on 10-22-44, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	
* Cerebral hemorrhage------* (see below)	
Due to Hypertensive cardial renal vascular disease	10 months
Due to *first cerebral H. 1-18-44, 8-29, 3rd 10-19-44	2nd

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature George J. McKee (M. D. or other)
Address 3903 Olive Street Date signed 10/24/44

(Licensed Embalmer's Statement on Reverse Side)

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

96
2
3
e
45
30/44
707

NOV 1 1949

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

Thomas J. Gates Registered Apprentice No.

working under my personal supervision.

Signed Thomas Gates.

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.