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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35666

Registrar's No. 10419

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis - Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County 99
(c) City or town Davenport
(If outside city or town limits, write "RURAL")
(d) Street No. 49 Hillcrest 13 N.R.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Henry Blair

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ella Pinkerton Blair

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 27 (Day) 1860 (Year)

8. AGE: Years 84 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Galena, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Realator.

11. Industry or business

FATHER
12. Name uknnown Blair.
13. Birthplace (City, town, or county) uknown (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) unknown (State or foreign country)

16. (a) Informant W. Blair.
(b) Address Davenport, Iowa

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12/6/44 (Month) (Day) (Year)
(c) Place: burial or cremation Davenport, Iowa

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7235 Delmar Blvd.

19. (a) DEC 6 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th year 1944 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from November 26 1944 to December 5 1944 that I last saw him alive on December 5th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	2 days.
Acute renal failure	2 days.
Due to Post-operative	
Due to	
Other conditions (Include pregnancy within 3 months of death) Carcinoma of head of pancreas	8 mo's.

Major findings: Of operations Tremendously distended gall bladder -
Of autopsy same.

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 John Eisenhauer (M. D.)
Address Barnes Hospital Date signed 12-5-44

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St Louis 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.