

FILED NOV 22 1944
318

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9609

1. PLACE OF DEATH:

(a) County
(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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs. (Specify whether
In this community Yee
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 13
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Harry C. Blandford

3. (b) If veteran, name war No 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 Myra 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 29 1863 (Month) (Day) (Year)

8. AGE: Years 8.1 Months 0 Days 12 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Carl Blandford

(b) Address 305 St. Louis St., Florissant, Mo.

17. (a) Buried (b) Date thereof Nov. 13, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem. St. Louis

18. (a) Signature of funeral director W. Lauglin Funeral Home

(b) Address 2301 Lafayette Ave. St. Louis, Mo.

19. (a) Nov 15 1944 (b) J. Blandford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1944 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death Polym pneumoniae ^{Duration}
of left femur, suffered when deceased
fell to the floor at city Superior

Due to Nov. 3rd 1944 at St. Louis
Missouri

Due to 1860-53

Other conditions 38
(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) Accident (D.O.D)

(b) Date of occurrence Nov 3 1944

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

City Superior
(Specify type of place) (e) Means of injury fall.

While at work? no

23. Signature Dr. Alfred Perry (M. D. or other)

Address Deputy Crown Date signed 11-13-44

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.