

Registration District No. **377**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **ST. LOUIS COUNTY**

(b) City or town **JEFFERSON BARRACKS**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
VETERANS ADMINISTRATION FACILITY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **ADM. 11/10/44**
(Specify whether years, months or days)

In this community **three years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17**

(d) Street No. **5458 Oriole Street** (If rural, give location) **9**

(e) Citizen of foreign country? **-** (Yes or No) **1**
If yes, name country _____

3. (a) PRINT FULL NAME **Edward Harry BLAKE**

3. (b) If veteran, name war **World War #1**

3. (c) Social Security No. **355-16-2965**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of ~~husband~~ wife **Mrs. Olive Blake**

6. (c) Age of ~~husband~~ or wife if alive **55** years

7. Birth date of deceased **May 6, 1889**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	7	7	hr. _____ min. _____

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

10. Usual occupation **Machinist**

11. Industry or business _____

12. Name **JOSEPH BLAKE**

13. Birthplace **Illinois** (State or foreign country) **1**

14. Maiden name **Hena VOLKER**

15. Birthplace **ST. LOUIS, Mo.** (State or foreign country) **0**

16. (a) Informant _____

(b) Address **Clinical Records, VAF, Jeff. Bks., Mo.**

17. (a) **removal** (b) Date thereof **Dec 14/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Collinsville Ills.**

18. (a) Signature of funeral director **Leo M. Schroppel**

(b) Address **Collinsville, Ills.**

19. (a) **DEC 18 1944** (b) **E. Y. McLaughlin**
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **13th**, year **1944** hour **4** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **November 10, 1944** to **December 13, 1944**
that I last saw him alive on **December 13, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the Colon** Duration **7 mos**

Due to **46 2**

Due to _____

Other conditions **Gastro-colic and entero-colic fistulae**
(Include pregnancy within 3 months of death)

Major findings: **Autopsy performed. See cause of death.**

Of operations _____

Of autopsy **Autopsy performed. See cause of death.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(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)

Signature **H. A. GERMAN** (M. D. or other) **0**

Address **CHIEF MEDICAL OFFICER** Date signed **12/13/44**

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

copies
-264
-16-45

707

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
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DEPARTMENT OF HEALTH

STATE OF ILLINOIS

DEPARTMENT OF HEALTH

STATE OF ILLINOIS

December 13, 1945
December 13, 1945

December 13, 1945

JAN 22 1946

1945

STATE OF ILLINOIS

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STATE OF ILLINOIS

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, ~~XXXX~~

working under my personal supervision; or _____ Registered Apprentice No. _____

working under my personal supervision; or _____

OR

Signed *Geo. M. Schaeppel*

Licensed Embalmer No. 1598

Collinsville, Ills.

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.