S. No. 2
M—5-42
v. 5-17-39
2 I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7514

Registration District No. FILED MAR 16 1945 818

Primary Registration District No. 1003

Registrar's No. 2208

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent

(c) City or town Salem NR
(If outside city or town limits, write "RURAL")

(d) Street No. 33
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Esther May Blodgett

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ollie E. Blodgett

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April (Month) 30 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	10	5	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John T. Watson
13. Birthplace Salem (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Eliza Jane Martin
15. Birthplace Salem (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Leona E. Rosenberg
(b) Address 4637a Lee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAR 7 1945 (Date received local registrar) (b) J. F. Bedsack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1945 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from 11/1/ 1944 to 3/5 1945
that I last saw her alive on 3/5 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Gunnel Abdomal Carcinomas

Due to Carcinoma of Uterus 1941

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration Several months

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 W. S. Brown (M.D. or other)
Address 3903 Olive Date signed 3/6/45

(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. Albert G. Kappe

Licensed Embalmer No. 2971

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.