

FILED MAR 28 1945

Registration District No. **318**

Primary Registration District No. **100**

Registrar's No. **2484**

1. PLACE OF DEATH:

(a) County St. Louis
(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 Pacific
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 730 Post Pl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OTIS Sanford O'Blennis

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Addie Montine 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Dec. 25, 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 21 If less than one day
hr. _____ min. _____

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

10. Usual occupation Retired Locomotive Eng.

11. Industry or business _____

12. Name William H. O'Blennis

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Partlow

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

16. (a) Informant Chas Banta

(b) Address East St. Louis, Ill

17. (a) Burial (b) Date thereof March 19, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill

18. (a) Signature of funeral director Chas Banta
(b) Address East St. Louis, Ill

19. (a) MAR 18 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1945 hour 7:20 minute P. M.

21. I hereby certify that I attended the deceased from February 10 1945 to March 16 1945
that I last saw him alive on March 16 1945
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Due to Coronary occlusion 1 mo.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

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

23. Signature J. Schlenker (M. D. or other) _____
Address 140. Pac. No. 1 Date signed 3/16/45

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..... *Chas M. Burke*

Licensed Embalmer No. *2421*

P. O. Address *East St. Louis, Ill.*

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.