S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18562

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5122

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 Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 156 West Holden
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

NR

3. (a) PRINT FULL NAME Willa Mae Cox Blossom

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female / 5. Color or race white / 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Curtis ~~St~~ Blossom
6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased May 5, 1918 (Month) (Day) (Year)

8. AGE: Years 27 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Holden (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation clerk

11. Industry or business Railroad

MOTHER FATHER

12. Name Clyde Cox
13. Birthplace Not known (City, town, or county) (State or foreign country) 9

14. Maiden name Mary Underwood
15. Birthplace Not known (City, town, or county) (State or foreign country) 9

16. (a) Informant Curtis Blossom
(b) Address Jefferson Barracks Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/13/45 (Month) (Day) (Year)
(c) Place: burial or cremation Stroud, Oklahoma

18. (a) Signature of funeral director J L Ziegenhein & Sons
(b) Address 7027 Gravois

19. (a) JUN 11 1945 (Date received local registrar) J. F. Branch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1945 hour 2 minute 250 P.M.

21. I hereby certify that I attended the deceased from May 9, 1945, to June 10, 1945, that I last saw her alive on June 10, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculous Pneumonia	1 Month
Due to Pulmonary Tuberculosis	2 mo +
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none
Of autopsy none

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 Crowe (M. D. or other)
Address Mo Pac Hosp assn Date signed 6/10/45

(Licensed Embalmer's Statement on Reverse Side)

JUL 20 1948

NOV 2 1945

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 7024 Travois

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.