V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#45157

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25438

FILED SEP 7 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7565

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days 0 (Specify whether
In this community 48 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 610

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4000A PENROSE 9 10
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Julia Blancet

3. (b) If veteran, name war =

3. (c) Social Security No. =

4. Sex F 1

5. Color or race W.

6. (a) ~~Single, widowed, married,~~ divorced 3

6. (b) Name of husband or wife ALBERT

6. (c) Age of husband or wife if alive ? years 1874

7. Birth date of deceased Oct. (Month) 27 (Day) 1874 (Year)

8. AGE: Years 70 Months 10 Days 0 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business =

FATHER
12. Name BRIGHT
13. Birthplace ? (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name ?
15. Birthplace ? (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mr. Lonnie Blancet
(b) Address 4000 Penrose St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 31 1945 (Month) (Day) (Year)
(c) Place: burial or cremation NEW BETHLEHEM

18. (a) Signature of funeral director Biederwieden Funeral Home
(b) Address 1936 N. Louis Ave

19. (a) AUG 30 1945 (Date received local registrar) (b) J. F. Brieck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27th
year 1945 hour 10:20 minute P. M.

21. I hereby certify that I attended the deceased from 8/17/45, 19, to 8/27/45, 19;
that I last saw her alive on 8/27/45, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

97

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

23. Signature James J. Stout (M. D. or other)
Address 1515 Lafayette 8/28/45 Date signed

(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 Glen W. Hatz

Licensed Embalmer No. 3737

P. O. Address 1926 St. Louis Ave

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.