

S. No. 2  
M-5-43  
7-5-17-39  
I X36679

**FILED OCT 28 1945**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town St. Louis Mo.  
 (c) Name of hospital or institution: Assumed dead at HOMER G. PHILLIPS 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)

**3. (a) PRINT FULL NAME** James Bloodworth  
**3. (b) If veteran,** name war No  
**3. (c) Social Security** No. No

**4. Sex** male **5. Color or race** Col.  
**6. (a) Single, widowed, married, divorced** Single  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased:** Jefferson City Mo  
 (Month) (Day) (Year)

**8. AGE:** Years About 62 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

**10. Usual occupation** UNKNOWN

**11. Industry or business** \_\_\_\_\_

**12. Name** UNKNOWN

**13. Birthplace** UNKNOWN (City, town, or county) (State or foreign country) 9

**14. Maiden name** UNKNOWN

**15. Birthplace** UNKNOWN (City, town, or county) (State or foreign country) 9

**16. (a) Informant** Bert North

**(b) Address** 2602 Pine St

**17. (a) (Burial, cremation, or other disposal)** Washed & buried **Date thereof** 10/23/45  
 (Month) (Day) (Year)  
**(c) Place: burial or cremation** Washington St

**18. (a) Signature of funeral director** W. J. Bredeek

**(b) Address** 2620 Exchange

**19. (a) (Date received local registrar)** OCT 13 1945 **(Registrar's signature)** W. J. Bredeek

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")  
 (d) Street No. 2602 Pine (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Oct day 9  
 year 1945 hour 5-04 minute \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic Aortic Atherosclerosis  
Myocardial Infarction  
 Due to \_\_\_\_\_  
Coronary Atherosclerosis  
 Due to \_\_\_\_\_  
Chronic Aortic Atherosclerosis - of the specific  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**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? \_\_\_\_\_

**23. (a) (Specify type of place)** \_\_\_\_\_  
 (b) While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
**Signature** W. J. Bredeek (M. D. or other)  
**Address** 194 St **Date signed** 10/13/45

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

17  
9  
5

**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.

*from School.*  
Signed *Barbara Lippert*

Licensed Embalmer No.....

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.