

FILED DEC 17 1945

Primary Registration District No. **3068**

Registrar's No. **2669**

4. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Maplewood Heights**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maplewood Nursing Home
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution **1 Month**
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **RUBY HANNA BLESSING**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Lee O. Blessing** 6. (c) Age of husband or wife if alive **Deceased** years

7. Birth date of deceased **Aug. 31, 1877**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 **2** **21** hr. min.

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

10. Usual occupation **Retired Housewife**

11. Industry or business

12. Name **Frank Nordstrom**

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

14. Maiden name **Bertha ? Unknown**

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

16. (a) Informant **Robert Lee Blessing**

(b) Address **1720 Boneta Ave. Richmond Heights**

17. (a) **Removal** (b) Date thereof **Nov. 24, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Des Moines Iowa**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester Ave. Maplewood Mo.**

19. (a) **11-24-45** (b) **B. J. ...**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL")
(d) Street No. **1720 Boneta Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **22**
year hour **12:15** minute **0** M.

21. I hereby certify that I attended the deceased from **Sept 18**, 19**45**, to **Nov 22**, 19**45**

that I last saw her alive on **Nov 22**, 19**45**; and that death occurred on the date and hour stated above.

Immediate cause of death

Thrombosis of Cerebral arteries

Due to

Diabetes Mellitus

Due to

Coronary Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: **61**

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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature **W. H. Christ** (M. D. or other)

Address **3720 Washington** Date signed **11/23**

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

6205

DEC 19 1955

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 3454
....., Registered Apprentice No.
working under my personal supervision.

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.