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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25059

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6286

1. PLACE OF DEATH:

(a) County Mo

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

(c) Name of hospital or institution: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Day (Specify whether

In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ada

(c) City or town St Louis Mo (If outside city or town limits, write "RURAL")

(d) Street No. 2314 Washington (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME DENNIS W. BLODGETT

3. (b) If veteran, name war

3. (c) Social Security No. 498-03-6226

4. Sex Mal

5. Color or race Negr

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 April (Month) 19 (Day) 1895 (Year)

8. AGE: Years 51 Months 3 Days 10 If less than one day hr. min.

9. Birthplace Lake Village (City, town, or county) ark (State or foreign country)

10. Usual occupation Labor

11. Industry or business Porter

MOTHER FATHER

12. Name Dennis Blodgett

13. Birthplace Atlanta (City, town, or county) Georgia (State or foreign country)

14. Maiden name LONA Seward

15. Birthplace Lake Village (City, town, or county) ark (State or foreign country)

16. (a) Informant Milly Scott

(b) Address 2228 Lucas ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 4 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Moses Vasser

(b) Address 2812 Cass ave

19. AUG 2 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th year 1946 hour 11:30 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Coronary Thrombosis

Due to

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Patrick E. Taylor Jr. (M.D. or other)

Address Deputy Coroner Date signed 8-2-46

(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 Theodore T. Yandell

Licensed Embalmer No. 4243

P. O. Address 927 N. Elm Ave Webster Groves Mo

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.