

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 3 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34728**
Registrar's No. **3206**

Registration District No. **377** Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County Saint Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1271 Delaware Ave
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis **96**
(c) City or town Wellston **0**
(If outside city or town limits, write "RURAL")
(d) Street No. 1271 Delaware Ave **0**
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Teresa Blake
(b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 31
year 1946 hour 11 minute 25 P.M.
21. I hereby certify that I attended the deceased from Feb 1 1946, to Oct 31 1946;
that I last saw him alive on Oct 31 1946;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm J Blake Sr. 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Feb 19 1888
(Month) (Day) (Year)

Immediate cause of death Coronary atherosclerosis
Due to 736
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
58 8 12 hr. min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Daniel Walsh Ireland
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Langdon
15. Birthplace St Joe Mo
(City, town, or county) (State or foreign country)

16. (a) Informant William Blake Sr.
(b) Address 1271 Delaware Ave
17. (a) Burial (b) Date thereof 11 4 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

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

18. (a) Signature of funeral director Jos W Clark
(b) Address 1125 Hodiament Ave
19. (a) 11-2-46 (b) Ruth J Allen
(Date received local registrar) (Registrar's signature)

Signature Ruth J Allen (M. D. or other) MD
Address 194 Hodiament Ave Date signed 11-1-46

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. O. O. White
1194 Hodiament Ave

NOV 10 1957

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..... *Alfred J. Boedeke*

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament 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.