

No. 2  
-12-45  
-17-39  
L X47070

FILED FEB 3 1947 318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
City Infirmary  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year 12 days  
(Specify whether years, months or days)

In this community Life  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLES BLAINE.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Clara Blaine

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 26, 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>28</u>	hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign county)

10. Usual occupation Painter & Paper Hanger.

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

12. Name John Blaine

13. Birthplace West Virginia  
(City, town, or county) (State or foreign county)

14. Maiden name Ruth Sauter

15. Birthplace London, England  
(City, town, or county) (State or foreign county)

16. (a) Informant City Infirmary Records,  
(b) Address 5800 Arsenal, St.

17. (a) Cremation (b) Date thereof 1 27 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Kriegshauser Und Co.  
(b) Address 4228 So. Kingshighway Bl.

19. (a) JAN 26 1947 (Date received local registrar)  
J. F. Brodbeck (Registrar's signature)

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. 3826 Hartford St.  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 24, th,  
year 1947 hour 4:00 P. minute M.

21. I hereby certify that I attended the deceased from January 12th, 1946 to January 24th, 1947.  
that I last saw him alive on January 24th; 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Organic brain disease</u>	<u>1 year</u>
<u>Chronic Gastritis</u>	<u>Several years</u>

Due to History of old Cerebro - vascular accident.

Due to \_\_\_\_\_

Other conditions (e)  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN (Signature)  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Palmyre Juane Bowlich (M. D. or \_\_\_\_\_)  
Address Infirmary Date signed 1/24/47

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**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..... *Richard W. Stovesand* .....  
Licensed Embalmer No. *4007* .....  
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.