

S. No. 2
-12-45
5-17-39
P. 1 X47079

FILED MAR 31 1947

State File No. _____
Registrar's No. 2838

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Enroute City Hospital #1 3
(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 Missouri (b) County 000

(c) City or town St. Louis 17 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3805 Cleveland 9
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME George Thomas Blay

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Blay 6. (c) Age of husband or wife if 63 years

7. Birth date of deceased January 16 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1947 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from 4-15-43
_____, 19____, to 3-15-47 19____;
that I last saw him alive on 3-12-47 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

71 ~~66~~ 1 29 hr. _____ min.

Immediate cause of death _____ Duration _____

(Probably) Acute myocardial infarct died suddenly

Due to _____

arteriosclerotic coronary artery disease 24 yrs

Due to _____

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

9/4/47

9. Birthplace Jerseyville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Cab Driver

11. Industry or business Black & White Cab Company

12. Name Unknown Blay

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

14. Maiden name Unknown

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

16. (a) Informant Paul Blay
(b) Address 5226a Conde St.

17. (a) Burial (b) Date thereof 3/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
MAR 17 1947

19. (a) _____ (b) J. F. Brebeck
(Data received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

23. Signature Wayne O. Gorla (M. D. _____) _____
Address 2739 N. Grand Date signed 3-17-47
Wayne O. Gorla

SEP 8 1948

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..... *W. W. Wilkinson*

Licensed Embalmer No..... *3575*

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.