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X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

File No. 11566  
2276

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

1. PLACE OF DEATH:  
(a) County St. Louis Mo.  
(b) City or town St. Louis Mo.  
(c) Name of hospital or institution: 5400 ARSENAL  
(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  
(c) City or town St. Louis  
(d) Street No. 5400 ARSENAL  
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME William Blag  
3. (b) If veteran, name war  
3. (c) Social Security No. 111-111-1111  
5. Color of hair Blue  
6. (a) Single, widowed, married, divorced 2  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive 47-80  
7. Birth date of deceased (Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 16 year 1947 hour 4:00 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.

8. AGE: Years Months Days If less than one day 47 min. 4  
9. Birthplace England  
10. Usual occupation Welder  
11. Industry or business Welder  
12. Name Wm Blag  
13. Birthplace England  
14. Maiden name Wm Blag  
15. Birthplace England  
16. (a) Informant Thos T. Cantrell  
(b) Address 300 Chestnut St  
17. (a) (Burial, cremation, or removal) Washington  
(b) Date thereof (Month) (Day) (Year) 2-16-47  
(c) Place: burial or cremation Washington  
18. (a) Signature of funeral director Anatomical Board  
(b) Address 3150 N. 1st St  
19. (a) MAR 28 1947 (b) J. J. Bredeek (Registrar's signature)

Immediate cause of death:  
1. Spinal Trauma  
2. Fracture of Right Vertebra  
Due to Supper then deceased fell  
Due to W/O HERRAZANT  
Other conditions in two room Section 5-3 at the City Sanitarium on Feb 14 1947  
Major findings:  
Of operations W/O HERRAZANT  
Of autopsy accident  
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 2-14-47  
(c) Where did injury occur? St. Louis Mo.  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work  
23. Signature Phil Perry (M. D. or other) 3  
Address St. Louis Mo. Date signed 3/24/47

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

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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.....

Licensed Embalmer No.....

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.**