S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18622

Registrar's District No. FILED JUN 14 1947 318

Primary Registration District No. 1003

Registrar's No. 5629

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stone Nursing Home 4
(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
(If outside city or town limits, write "RURAL")
(d) Street No. 19 4373 West Pine Blvd., 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Herbert J. Blanchard
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna Blanchard
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 29 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
85	2	7	hr. min.

9. Birthplace Unknown (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation Retired Architect
11. Industry or business

FATHER
12. Name Joseph Blanchard
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country) 1

MOTHER
14. Maiden name Unknown Johnson
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant Rose Blanchard
(b) Address 8826 Ramonia Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation Hannibal, Missouri
18. (a) Signature of funeral director Fred M. Williams
(b) Address 4535 Washington Blvd.
19. (a) JUN 8 1947 (Date received local registrar) (b) J. F. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from June, 1945 to June 6 1947 that I last saw him alive on June 4 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Chronic Myocarditis 2 yrs

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature H. H. Helbing (M. D. or other) MD
Address 8903 Olive Date signed 6/7/47

Jefferson City Printing Co.

(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 John S. Kennedy

Licensed Embalmer No. 4197

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.