. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947 #15726

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28970

Primary Registration District No. 1003

Registrar's No. 8249

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 510
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1529 Market Street 9
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BLANCHE DENTON
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife George
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 20th, 1889 (Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 8 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Home
11. Industry or business

FATHER
12. Name James Sweeney
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sarah Burke
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mary Cahill
(b) Address 5504 Lisette, St. Louis, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/30/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Wacker Helderle
(b) Address 3634 Gravois, St. Louis, Mo.
19. (a) AUG 26 1947 (Date received by local registrar) (b) J. E. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th year 1947 hour 8:05 minute A M.
21. I hereby certify that I attended the deceased from 7/24/47, 19..., to August 28th, 19 47 that I last saw her alive on August 28th, 19 47 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Aspiration pneumonia
Due to Uremic acidosis, due to ureteral obstruction
Due to Carcinoma, epidermoid, pelvis advanced of cervix
Other conditions (Include pregnancy within 3 months of death) Hypertensive heart disease

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)
While at work? (e) Means of injury
23. Signature 1515 Lafayette M.D.
Address Date signed 8/28/47

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.....

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.