S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

1009

Primary Registration District No. 100

State File No. 39443

Registrar's No. 10412

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 1354a N Garrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 47 yrs 1

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. 1354a N. Garrison ave
(If rural, give location)
(e) Citizen of foreign country? 21 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma C. Blanks
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased June (Month) 12 (Day) 1895 (Year)

8. AGE: Years 52 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Danville (City, town, or county) West Va (State or foreign country)
10. Usual occupation Housework
11. Industry or business

FATHER
12. Name Thomas Curry
13. Birthplace Danville (City, town, or county) W. Va (State or foreign country)

MOTHER
14. Maiden name Kate Moore
15. Birthplace Halifax (City, town, or county) Va (State or foreign country)

16. (a) Informant Thomas Curry
(b) Address 1354a N. Garrison Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson
18. (a) Signature of funeral director J. H. Randle Chon
(b) Address 3133 Bell ave
19. (a) NOV 12 1947 (Date received local registrar) (b) J. F. Burnett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 1947 hour 5 minute 30 P.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.

Duration

Immediate cause of death Dissecting aortic aneurysm
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 20
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) 5
While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)
Address Date signed 11/10/47

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 S J Patson

Licensed Embalmer No. 2698

P. O. Address 2749 Chouteau

**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.