

FILED MAR 11 1948

318

Primary Registration District No.

1003

Registrar's No.

1961

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:
Residence; #5936 Cabanne Place.
(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)

3. (a) PRINT FULL NAME **GEORGE M. BLAIR.**

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

4. Sex **Male** ()
5. Color or race **White**
6. (a) Single, widowed, married, divorced. **Widowed.**
6. (b) Name of husband or wife. **Laura C. Blair.**
6. (c) Age of husband or wife if alive. **Dec'd.** years
7. Birth date of deceased. **June 6, 1861.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86. **8.** **19** **24** hr. min.

9. Birthplace **Greenoch, Scotland.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired.**

11. Industry or business **Building Contractor.**

MOTHER FATHER
12. Name **Unknown (Blair).**
13. Birthplace **Scotland.**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown.**
15. Birthplace **Scotland.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Otto Heller.**

(b) Address **5936 Cabanne Place.**

17. (a) **Interment.** (b) Date thereof **2/27/48.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fee Fee Cemetery.**

18. (a) Signature of funeral director **C. R. Lupton & Sons.**

(b) Address **7233 Delmar Blvd.**

19. (a) **Feb 24 1948** (b) **J. F. Bradeck**
(Date received local registrar) (Registrar's signature)

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 **5936 Cabanne Place.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **25**
year **1948** hour **11:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan 8** 19 **48** to **Feb 23** 19 **48**
that I last saw him alive on **Feb 23** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerosis**
Duration

Due to **arteriosclerosis**

Due to.....
Other conditions (Include pregnancy within 3 months of death) **92**

Major findings: Of operations.....
Of autopsy.....
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) Means of injury **1**
23. Signature **George M. Blair** (M. D. or other)
Address **1915 Centerville** Date signed.....

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

Dr. Gregory Ross
1918 E. Grand.
CE - 4111
1-3

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

Clarence A. Murray

Licensed Embalmer No.

4011

P. O. Address

St. Louis, Mo.

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.