S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6078

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 1322

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20yrs.3mos.27ds. (Specify whether years, months or days)
In this community 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mo
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5400 Arsenal St. 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex Female 5. Color or race colored 6. (a) Single, widowed, married, divorced Sgl
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 20 (Day) 1890 (Year)

8. AGE: Years 57 Months 10 Days 10 If less than one day hr. min.

9. Birthplace Tennessee
(City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business Unknown
MOTHER FATHER
12. Name Unknown ippi
13. Birthplace unknown Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Unknown ippi
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)
16. (a) Informant Clara Robinson
(b) Address 5400 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk
18. (a) Signature of funeral director English Und. Co
(b) Address 2937 Lucas Ave
19. (a) FEB 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 30 year 1948 hour 3.30 minute P M.
21. I hereby certify that I attended the deceased from Mar 1st, 1946, to Jan. 30, 1948; that I last saw her alive on Jan. 30, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	2yrs.
Due to Uremia	
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)
While at work? (e) Means of injury 0
23. Signature Jack Weidelman (M. D. ~~or other~~)
Address 5400 Arsenal St. Date signed 1/31/48

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas Ave

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.