

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

National Office of Vital Statistics
FILED MAR 8 1948
Registration District No. **7**

Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **In Route To Hospital 3**
(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 **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4555 S. Compton**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **William J. Blanke Jr**
3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Mar.** day **2**
year **1948** hour **11:45** minute **P** M.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced..... **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Oct. 23 1928**
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day
19 4 9 hr. min.

Immediate cause of death **simple fracture of left side of face, fracture of ribs on left side of body & possible ~~xxxx~~ brain injury, suffered when thrown from an automobile in which he ~~xxxx~~ was a passenger which collided with another automobile, on Tesson ~~xxxxxxx~~ Ferry Rd. near Gravois Creek.**
(Include pregnancy within 3 months of death)

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Electrical Work**

Major findings:
Of operations **1706-58**
Of autopsy **same**
PHYSICIAN
Underline the cause of which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....
12. Name **Wm. Blanke Sr.**
13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Emilie Blanke**
15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. Blanke Sr.**
(b) Address **4555 S. Compton**
17. (a) **Burial** (b) Date thereof **3/6/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)..... **Open verdict**
(b) Date of occurrence..... **March 2, 1948.**
(c) Where did injury occur?..... **St. Louis County, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... **Public Road.**
(Specify type of place)

18. (a) Signature of funeral director **Wm. Schumacher**
(b) Address **3013 Meramec St**
19. (a) **3-4-48** (b) **Carl C. Shapiro**
(Date received local registrar) (Registrar's signature)

While at work?..... (e) Means of injury **Blunt im-**
a. J. Wellmeyer **Coroner**
ped. E. Burnett **PK XXXXXX**
23. Signature **Clayton, Mo.** Date signed **3/4/48**

R FEB 17 1944

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 Francis Williamson
Licensed Embalmer No. 3565
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.

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:
 (a) County St Louis
 (b) City or town Sumat
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
DOA County Infirmary
(If not in hospital or institution, write street number and 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 _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William J. Blanche Jr.
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month _____ year _____ hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____
 that I last saw him alive on _____, 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 5
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: 04 23 1922
(Month) (Day) (Year)

8. AGE: Years 19 Months _____ Days _____ If less than one day _____ min.
 9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation _____
 11. Industry or business _____
 12. Name _____
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____
 17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director _____
 (b) Address _____
 19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
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?

(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

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

SUPPLEMENTARY

7356