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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27833

Registrar's No. 7266

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:
7015 Mardel Ave.
(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

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. 7015 Mardel Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Blanche Horner

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 Martin

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 2 (Month) 8 (Day) 1872 (Year)

8. AGE: Years 76 Months 6 Days 10 If less than one day hr. min.

9. Birthplace Madison, (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Preston Boston

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Mary Harrison

15. Birthplace Kensington Rohdes, (City, town, or county) London (State or foreign country)

16. (a) Informant Eugene Horner

(b) Address 7015 Mardel Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Blvd.

19. (a) AUG 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18 year 1948 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-6-47, 19, to 8-18-48, 19; that I last saw alive on 8-18, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Gangrene & Lupic Poison

Due to Diabetes

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 W B Capshaw M.D. (M. D. or other)

Address 3254 Arsenal Date signed 8-19-48

(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 H. L. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.