7. S. No. 300
50M—10-47
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 318 52

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 37878

Registrar's No. 10214

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)

In this community: 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 19

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No.: 1427 Missouri Avenue (If rural, give location) 23

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

If yes, name country:

3. (a) PRINT FULL NAME: MELROSE Bland

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife:

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

7. Birth date of deceased: November 19, 1943 (Month) (Day) (Year)

8. AGE: Years 5 Months 0 Days 5 If less than one day hr. min.

9. Birthplace: Winona, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Infant

11. Industry or business:

FATHER 12. Name: Everett Bland

13. Birthplace: Eminence Missouri (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Flora Counts

15. Birthplace: Winona, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Everett Bland

(b) Address: 1427 Missouri Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/25/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Eminence, Missouri

18. (a) Signature of funeral director: A.W. McLaughlin

(b) Address: 2301 Lafayette Avenue

19. (a) NOV 24 1948 (Date received local registrar) J.B. Lassiter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 24th year 1948 hour 9:40 minute A.M.

21. I hereby certify that I attended the deceased from 11-17-48, 19..., to 11-24-48, 19...; that I last saw him alive on 11-24-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: diphtheritic myocarditis — Duration: 3wk.

Due to:

Due to: 10

Other conditions (Include pregnancy within 3 months of death):

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? (Specify type of place)

While at work? (e) Means of injury:

Signature: J. J. Martin (M. D. or other)

Address: 1515 Lafayette Avenue Date signed: 11-24-1948

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.