

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2470

318

1003

State File No. _____

Registrar's No. 1013

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 1013	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY _____					
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. STREET ADDRESS 3225 MONTGOMERY			
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) J. c. (Last) BLAIR				4. DATE OF DEATH (Month) (Day) (Year) JAN 31 1949		5. SEX MALE		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, OR FORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH AUG 18 1883		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LUMBER GRADER			10b. KIND OF BUSINESS OR INDUSTRY LUMBER YARD		11. BIRTHPLACE (State or foreign country) HABANA CO MO		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME JOHN W. BLAIR			13b. MOTHER'S MAIDEN NAME PAULINA BARNES			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NA		16. SOCIAL SECURITY NO. 490-12-0791		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cornelia A. Blair 4617 Maryland					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalomalacia; Arteriosclerosis; Cardiac ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) sclerotic; Cardiac DUE TO (c) Hypertrophy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4500				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:15 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) _____				23b. ADDRESS 1300 Clark Ave			23c. DATE SIGNED 2-2-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) DUREAL		24b. DATE FEB-2-49		24c. NAME OF CEMETERY OR CREMATORY New St MARCO		24d. LOCATION (City, town, or county) (State) St. Louis MO			
DATE REC'D BY LOCAL REG. FEB 2		REGISTRAR'S SIGNATURE J. B. Basater			5. FUNERAL DIRECTOR'S SIGNATURE Cullen Kelly			ADDRESS 4386 Lick Hill	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

James A. Lammers

Signed _____

Student Embalmer

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.