

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5968

BIRTH NO. 49-017485 REG. DIST. NO. 218 REGISTRAR'S DIST. 1003 REGISTRAR'S NO. 1597

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Rock Hill	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 200 Eldridge	
d. FULL NAME OF HOSPITAL OR INSTITUTION Josephine Heitkamp Mem. Hosp.			

3. NAME OF DECEASED (Type or Print) DAVID	a. (First)	b. (Middle) LEE	c. (Last) BLAKE	4. DATE OF DEATH (Month) (Day) (Year) 2 21 49
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2 21 49	9. AGE (in years last birthday) 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)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Anton F. Blake	13b. MOTHER'S MAIDEN NAME Valeria C. Taylor	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mr. Anton F. Blake, Rock Hill, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>premature 4 1/2 months</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		159 776X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>P. B. Capshaw</i>	(Degree or title)	23b. ADDRESS 3284 <i>Manchester</i>	23c. DATE SIGNED 2-21
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>Feb 22</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Marcellus</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>
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DATE REC'D BY LOCAL REG. FEB 22 1949	REGISTRAR'S SIGNATURE <i>J. B. Deater</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Jay B. Smith</i>	ADDRESS <i>7456 Manchester</i>
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**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.....

*Not Embalmed*

..... Licensed Embalmer No. ....

Signed.....  
Student Embalmer

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.