

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6444  
State File No. \_\_\_\_\_  
Registrar's No. 1191

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

22

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 <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>2230a Mullanphy St.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Blanche</u> b. (Middle) <u>Malvina</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>2-5-49</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	8. DATE OF BIRTH <u>6-4-1885</u>
9. AGE (In years last birthday) <u>63</u>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>unknown</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. A. Zimmerman, 2226 Mullanphy</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>3rd degree burns about face, chest, back, thighs, legs</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last		DUE TO (b) <u>atelectasis (bilateral) suppurative when bed clothing became ignited in unknown manner</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>all as about Feb 5 1949 at her home. No Damage to Bldg.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>to contents about \$18.00</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 5 49</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>10/10</u>	
22. I hereby certify that I attended the deceased from _____, 19____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:00 noon</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Abraham E. Taylor, Coroner</u>		23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>2-7-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-8-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Int. Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
DATE REC'D BY LOCAL <u>FEB 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Foster</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sullivan Fur. Directors, 2849N. Euclid</u>	

STATEMENT BY LICENSED EMBALMER

*(is not embalmed)*

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

*Hert L. Brinkman*

Signed .....

Student Embalmer

Licensed Embalmer No. *3553*

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.