

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9814

State File No.

REG. DIST. NO. 318

318

1003

Registrar's No. 2033

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 2033					
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 OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>Abt 40 yrs.</u>		c. CITY OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>4552 Garfield Avenue</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4552 Garfield Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>4552 Garfield Avenue</u>									
3. NAME OF DECEASED (Type or Print) <u>William</u>			a. (First)		b. (Middle)		c. (Last) <u>Blish</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3/1/49</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9/17/82</u>		9. AGE (In years last birthday) <u>66</u>		if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 MRS. Hours	if UNDER 1 MRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>barber (retired)</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Little Rock, Ark</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Rex Blish</u>			13b. MOTHER'S MAIDEN NAME <u>Elisa Elliott</u>			14. NAME OF HUSBAND OR WIFE <u>Anna Blish</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Blish</u> ADDRESS <u>4552 Garfield Avenue</u>								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Lungs</u>								<u>Undet</u>			
		ANTECEDENT CAUSES											
		DUE TO (b) <u>Undetermined</u>											
		DUE TO (c) _____											
		II. OTHER SIGNIFICANT CONDITIONS											
		Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>											
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								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 <u>1-25</u> , 19 <u>49</u> , to <u>3-1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-1</u> , 19 <u>49</u> , and that death occurred at <u>5 P</u> m., from the causes and on the date stated above.													
22a. SIGNATURE <u>William H. Mueller MD</u> (Degree or title) <u>MD</u>						23b. ADDRESS <u>4503a Page Blvd.</u>			23c. DATE SIGNED <u>3/3/1949</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/5/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Saint Peter's Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Saint Louis Co. Missouri</u>							
DATE REC'D BY LOCAL REG. <u>MAR 3 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. J. Gates</u> ADDRESS <u>4107 Finney Ave.</u>							

(Licensed Embalmer's Statement on Reverse Side)

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 John K. Cunningham

Signed _____
Student Embalmer

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.