

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20790**
5771
Registrar's No. _____

FILED JUL 15 1949

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY ST LOUIS 96	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS 4	c. LENGTH OF STAY (In this place) 48 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES 74	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: BERNARD NURSING HOME		d. STREET ADDRESS (If rural, give location) WY = 31 S. ROCK HILL RD 1	

3. NAME OF DECEASED (Type or Print) CHARLES SULLIVAN BLOOD	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) JULY 3 1949
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5. SEX M O W	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 25-1867	9. AGE (In years) (last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 12 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INVESTMENT BANKER	10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (State or foreign country) ST LOUIS MO 0	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME HENRY BLOOD	13b. MOTHER'S MAIDEN NAME HELEN GEORGE	14. NAME OF HUSBAND OR WIFE ELLIE SLOSS BLOOD
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Kathleen B. Chrosakop	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week years 5 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Myocarditis DUE TO (c) Cardiac Asthma		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 96
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) —	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fall
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22. I hereby certify that I attended the deceased from **July 1, 1942** to **July 3, 1949**, that I last saw the deceased alive on **6/1, 1949**, and that death occurred at **1** m., from the causes and on the date stated above.

23a. SIGNATURE Victor Reese	(Degree or title)	23b. ADDRESS 120 E Lockwood Webster Groves Mo	23c. DATE SIGNED 7/4/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 5-1949	24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KIRKWOOD MO
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DATE REC'D BY LOCAL REG. JUL 1 1949	REGISTRAR'S SIGNATURE J B Lorton	25. FUNERAL DIRECTOR'S SIGNATURE Parker and Co. Webster Groves Mo	ADDRESS
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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 Leslie Welch

Signed _____
Student Embalmer

Licensed Embalmer No. 4395

P. O. Address Hobster Grove Pa

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.