

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31613

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8452

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) OR TOWN Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Firmin Desloge Hospital		d. STREET ADDRESS (If rural, give location) 5403 Quincy St.	
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Walter c. (Last) Blinn		4. DATE OF DEATH (Month) (Day) (Year) September 29, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 5, 1884
9. AGE (In years last birthday) 65		10. KIND OF BUSINESS OR INDUSTRY Mo. Flower & Feather Co.	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dept. Manager		12. CITIZENRY OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank W. Blinn		13b. MOTHER'S MAIDEN NAME Rosina Shank	
14. NAME OF HUSBAND OR WIFE Margaret Chaber Blinn		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. 489-03-6414		17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank W. Blinn, 5403 Quincy Street	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 1 year  ANTECEDENT CAUSES Gangrene of right foot and leg. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)  DUE TO (c)  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4501	
19a. DATE OF OPERATION July 28, 1949		19b. MAJOR FINDINGS OF OPERATION Gangrene of right leg and foot.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) St. Louis Mo.	
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 H570		22. I hereby certify that I attended the deceased from 9-7-49, 19, to 9-29-49, 19, that I last saw the deceased alive on 9-29-49, 19, and that death occurred at 2:15 P.M., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Harry K. Russell M.D.		23b. ADDRESS 4660 Maryland St. Louis 8, Mo.	
23c. DATE SIGNED 9-30-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 10-3-49		24c. NAME OF CEMETERY OR CREMATORY St. Paul's Churchyard	
24d. LOCATION (City, town, or county) (State) Saint Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary, 6633 Clayton Rd.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE J. B. Kasater	

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

OCT 1 1949

(Licensed Embalmer's Statement on Reverse Side)

**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.

Student .....

Student Embalmer

Signed

*Ernest W. Spillars*

Licensed Embalmer No. \_\_\_\_\_

4080

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.