S. No. 300
V. 10.48

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

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32478

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 304

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferguson (L)
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oak Knoll Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis 91
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferguson 6
d. STREET ADDRESS (If rural, give location): 222 Wesley Ave. 3

3. NAME OF DECEASED (Type or Print): a. (First) Blanche b. (Middle) M. c. (Last) Lattimore

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18, 1949

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Nov. 2, 1872

9. AGE (In years last birthday): 76 — If under 1 year: Months 10, Days 16, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Malcolm W. Miller

13b. MOTHER'S MAIDEN NAME: Lavinia O'Kane

14. NAME OF HUSBAND OR WIFE: Clarence M. Lattimore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Helen Aubuchon, Dallas, Texas.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive Arteriosclerotic Cardiovascular disease — 4 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senile dementia, Previous strokes 331X — 331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 2, 1949, *to* Sept 18, 1949, *that I last saw the deceased alive on* Sept 17, 1949, *and that death occurred at* 2:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lewis Littmann MD

23b. ADDRESS: 8231 Clayton Rd (17)

23c. DATE SIGNED: 9/19/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/20/49

24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine

24d. LOCATION (City, town, or county) (State): St. Louis, Missouri.

DATE REC'D BY LOCAL REG.: 9-19-49

REGISTRAR'S SIGNATURE: Herbert R. Donkelson

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: White Funeral Home, Ferguson, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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.

Student .....
Student Embalmer

Signed L. M. White

Licensed Embalmer No. 3973

P. O. Address Ferguson, Ky.

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.