

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34933

State File No. 8900

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton 5.	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL		d. STREET ADDRESS (If rural, give location) 6425 Cecil Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) Stanley c. (Last) BLAND.	4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1949
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5. SEX MALE	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH April 19-1881.	9. AGE (In years last birthday) 68.	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer.-Mississippi Steel Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Washington D.C.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John C. Bland.	13b. MOTHER'S MAIDEN NAME Emma Long	14. NAME OF HUSBAND OR WIFE Katherine W. Bland.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur S. Bland Jr. 6425 Cecil.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SARCOMA (Muscle) of Back		INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Seminoma Testis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			27 yrs

19a. DATE OF OPERATION 6.14.49	19b. MAJOR FINDINGS OF OPERATION Fibrosarcoma, muscle of back	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 510
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 178X
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22. I hereby certify that I attended the deceased from Apr. 25, 1940, to Oct 14, 1949, that I last saw the deceased alive on Oct 14, 1949, and that death occurred at 7:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. Lawrence Keizer M.D.	23b. ADDRESS 4952 Maryland Ave. S	23c. DATE SIGNED Oct 15, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/17/49	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. OCT 17 1949	REGISTRAR'S SIGNATURE J. B. Sasates	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0068

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.