S. No. 300
10.48

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15354

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 911

1000

1. PLACE OF DEATH
a. COUNTY ST.LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VET.ADMIN.HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY SHANNON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) EMINENCE, MISSOURI 1010
d. STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED (Type or Print)
a. (First) SANDFORD
b. (Middle) N.
c. (Last) BLAGG

4. DATE OF DEATH (Month) (Day) (Year) APRIL 6, 1950

5. SEX M 0
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 11
8. DATE OF BIRTH 2-9-1892
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR Months 1 Days 27 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Carmi, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME NEWTON BLAGG
13b. MOTHER'S MAIDEN NAME ELIZABETH GREER
14. NAME OF HUSBAND OR WIFE ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME VA.HOSPITAL RECORDS, JEFFERSON BARRACKS, MO ADDRESS

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) MYOCARDIAL INFARCTION

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 420.0
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* 4-5, 1950, *to* 4-6, 1950, ~~that I last saw the deceased alive on 19~~ *and that death occurred at* 6:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE L.E. Stilwell MD (Degree or title) CHIEF, PROF.SERVICES
23b. ADDRESS V.A.HOSPITAL, JEFF.BRKS, MO.
23c. DATE SIGNED 4-7-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 11
24b. DATE 4-10-50
24c. NAME OF CEMETERY OR CREMATORY NATIONAL, JEFF.BRKS, MO.
24d. LOCATION (City, town, or county) (State) NATIONAL, JEFF.BRKS, MO.

DATE REC'D BY LOCAL [redacted] 7 [redacted]
REGISTRAR'S SIGNATURE Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE C.HOFFMEISTER U&L CO., 7814 S.Bdwy, St.Louis ADDRESS

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Linus C. Hoffmeister

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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.