

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21384

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003** Registrar's No. **5785**

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <i>St. Louis</i>	c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) <i>12th St. Louis 2129</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Jewish Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>751 Walton 0</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Wilma</i>	b. (Middle) <i>Sue</i>	c. (Last) <i>Blue</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>7 3 50</i>
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept 24, 1927</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (State or foreign country) <i>Hacklesburg, Arl. bama</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Clovis Frederick</i>	13b. MOTHER'S MAIDEN NAME <i>Lola Burrell</i>	14. NAME OF HUSBAND OR WIFE <i>Raymond Blue</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No Nil</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Raymond Blue - 751a Walton Avenue.</i>

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Rheumatic heart disease with mitral stenosis with cardiac decompensation.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>years</i>  <i>zero.</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) _____		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____
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? <i>H/O X</i>

22. I hereby certify that I attended the deceased from *5/15*, 19*50*, to *7/3*, 19*50*, that I last saw the deceased alive on *7/3*, 19*50*, and that death occurred at *9:10 A. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Max S. Franklin M.D.</i> (Degree or title)	23b. ADDRESS <i>634 N. Grand</i>	23c. DATE SIGNED <i>7/3/50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal 4</i>	24b. DATE <i>7-5-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Sikeston, Missouri</i>
24d. LOCATION (City, town, or county) (State) _____	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Henry L. Weidemuller Funeral Home 6203 Gravois Avenue, St. Louis</i>	

DATE REC'D BY LOCAL REG. \_\_\_\_\_ REGISTRAR'S SIGNATURE *J. J. Sauter* 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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed James W. Wilkinson

Licensed Embalmer No. 3575

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.