S. No. 300
EV. 10-48

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

FILED JUL 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22260

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 1566

1. PLACE OF DEATH
a. COUNTY: St Louis.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7134 Northmoor Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St.Louis.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City 4346
d. STREET ADDRESS (If rural, give location): 7134 Northmoor Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Jesse
b. (Middle): Walter
c. (Last): Blythe

4. DATE OF DEATH (Month) (Day) (Year): 6 23 1950

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan.26,1874
9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months 4 Days 27
IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): News writer (retired)
10b. KIND OF BUSINESS OR INDUSTRY: Newspaper
11. BIRTHPLACE (State or foreign country): Shelbyville Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Walter Blythe
13b. MOTHER'S MAIDEN NAME: Eliza Colbert
14. NAME OF HUSBAND OR WIFE: Georgia Carter Blythe
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.: 490-09-7344
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs.Gladys Mitchell,7134 Northmoor Dr.UC

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) amputation of left leg, thrombosis of a pulmonary artery and infarcted lung

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
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: 1 day 1 2

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 812
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Cairo Illinois
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 22 '50 m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: occupant of car which crashed into culvert, pinning him partially under the car.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arnold J. Willmann, Coroner
23b. ADDRESS: Clayton, Mo.
23c. DATE SIGNED: 6/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-26-1950
24c. NAME OF CEMETERY OR CREMATORY: Lake Charles
24d. LOCATION (City, town, or county) (State): Wellston Mo

DATE REC'D BY LOCAL REG.: 6-26-50
REGISTRAR'S SIGNATURE: Herbert R. Combs, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Mittelberg Fun'l Home, ~~Webster Groves,19,Mo.~~
(Licensed Embalmer's Statement on Reverse Side)

JUL 11 1956

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 Albert G. Klappa

Signed.....
Student Embalmer

Licensed Embalmer No. 297

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: