

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 25569

FILED AUG 8 1950

25569

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1824

1. PLACE OF DEATH a. COUNTY Saint Louis		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 town) Normandy		c. CITY (If outside corporate limits, write RURAL and give township) Normandy	
c. LENGTH OF STAY (in this place) 10 Months		d. STREET ADDRESS (If rural, give location) 7208 Burrwood Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7208 Burrwood Avenue		e. STREET ADDRESS 7208 Burrwood Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Ann b. (Middle) M. c. (Last) Blair		4. DATE OF DEATH (Month) (Day) (Year) July 27th, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married ()	8. DATE OF BIRTH June 7th, 1895
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months 1 Days 20	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10b. KIND OF BUSINESS OR INDUSTRY Ford Motor Co.	11. BIRTHPLACE (State or foreign country) 0
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Joseph Henry Blair	
13b. MOTHER'S MAIDEN NAME Sarah Anderson		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Sally E. Granfield, 7208 Burrwood Avenue		ADDRESS 7208 Burrwood Avenue	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous Metastasis to Brain from Breast (Left) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last: DUE TO (b) Dehydration DUE TO (c) Malnutrition II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 3-15-50		19b. MAJOR FINDINGS OF OPERATION Mitostatic Carcinoma in Brain	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 170x	
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 (Month) (Day) (Year) (Hour) (Minute) OF INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10-3</u> , 19 <u>49</u> , to <u>7-27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-25</u> , 19 <u>50</u> , and that death occurred at <u>7:10 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. Moore M.D.		23b. ADDRESS 7301 Natural Bridge	
23c. DATE SIGNED 7-28-50		23d. LOCATION (City, town, or county) (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24b. DATE 7/31/50	
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. 7-29-50		REGISTRAR'S SIGNATURE Herbert Colombe, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.		ADDRESS	

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

4001

1301 National Building
C. W. O. O. O.
No. 4064

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.....

Ralph C. Lindus

Licensed Embalmer No. 4275

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.