

FILED NOV. 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

State File No. 34595

318

Registrar's No. 9125

| | | | | | | | | |
|---|--|---|--|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>) | | c. LENGTH OF STAY (in this place) <u>22 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | 2069 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u> | | | | 6 STREET ADDRESS (If rural, give location) <u>5328 Labadie Ave</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Burnie</u> b. (Middle) <u>S.</u> c. (Last) <u>Blandford</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 23 1950</u> | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>July 1 1902</u> | | |
| 9. AGE (In years last birthday) <u>48</u> | | IF UNDER 1 YEAR Months <u>3</u> Days <u>21</u> | | IF UNDER 24 HRS. Hours _____ Min. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Colombia Motor Co</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | 13a. FATHER'S NAME <u>Dennis Blandford</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emma Graf</u> | | 14. NAME OF HUSBAND OR WIFE <u>Frieda Blandford</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>UNKNOWN</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frieda Blandford 5328 Labadie Ave</u> | | | | |
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain tumor - Astrocytoma</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>74 months</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 19a. DATE OF OPERATION _____ | | | | | 19b. MAJOR FINDINGS OF OPERATION <u>Large, cystic tumor in the posterior part of the left parietal lobe of the brain.</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>195X</u> | | | | |
| 22. I hereby certify that I attended the deceased from <u>9/30/50</u> , 19 <u>50</u> , to <u>10/22/50</u> , 19 <u>50</u> ; that I last saw the deceased alive on <u>10/22/50</u> , 19 <u>50</u> , and that death occurred at <u>2:30 A.M.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>Ellis S. Lipitz, M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>634 N. Grand, St. Louis, Mo.</u> | | 23c. DATE SIGNED <u>10/23/50</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct 25 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Gardens</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>Oct 24 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Linsler</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F Feutz</u> | | ADDRESS <u>4828 Nat bridge</u> | | |

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

Mr. [unclear] Kelly

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.....
Student Embalmer

Signed *John A. Mlinar*
Licensed Embalmer No. *4186*

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.