

FILED OCT 18 1950

STANDARD CERTIFICATE OF DEATH

34596
State File No. 8224

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8224

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069	
c. LENGTH OF STAY (in this place) 30yrs.		d. STREET ADDRESS (If rural, give location) 5618 Highland Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5618 Highland Ave.		b. ADDRESS 5618 Highland Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) J. Blaylock Sr. c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept. 27 1950		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 6 1878	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Perryville Mo.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Amos Blaylock		13b. MOTHER'S MAIDEN NAME Nettie Unknown		14. NAME OF HUSBAND OR WIFE Myrtle Blaylock	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Myrtle Blaylock; 5618 Highland 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction arteriosclerotic heart disease. 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
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) (Min)		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H2D1	

22. I hereby certify that I attended the deceased from Aug. 21, 1950, to Sept. 27, 1950, that I last saw the deceased alive on Sept. 11, 1950, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE H. T. Bergman (Degree or title) M.D.		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 9/29/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9/30/50		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24d. LOCATION (City, town, or county) St. Louis Co.		24e. (State) Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Barrel; 1905 Union Blvd.	
DATE REC'D BY LOCAL REG. SEP 29 1950		REGISTRAR'S SIGNATURE			

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: *Albert R. Thompson*

Signed.....
Student Embalmer

Licensed Embalmer No. *46971*

P. O. Address *H. J. Davis*

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.