

FILED JAN 20 1951

STANDARD CERTIFICATE OF DEATH

43694

State File No. _____

1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 11121

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
b. CITY OR TOWN <u>St Louis</u>	c. LENGTH OF STAY (in this place) <u>30 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis Gardenville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4672 Hanover</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William Corum Blakey</u> b. (Middle) <u>William Corum Blakey</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>December 27 1950</u>
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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>1904 Dec 27 1905</u>	9. AGE (In years last birthday) <u>45 46</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Guard</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Fed Res Bank</u>	11. BIRTHPLACE (State or foreign country) <u>Booneville, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Albert G Blakey</u>	13b. MOTHER'S MAIDEN NAME <u>Edith Ellis</u>	14. NAME OF HUSBAND OR WIFE <u>Hester Blakey</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hester Blakey</u>	ADDRESS <u>4672 Hanover</u>
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18. CAUSE OF DEATH (Specify the one cause per letter (a), (b), and (c)) <u>Coronary artery disease</u>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary stenosis</u>		INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Ht. Disease</u> DUE TO (c) <u>?</u></p>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hit</u>
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22. I hereby certify that I attended the deceased from 5/31, 1946, to 12/22, 1950, that I last saw the deceased alive on 12/23, 1950, and that death occurred at 7:27 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter C. Brook</u>	(Degree or title) <u>M.D., Washington U. Med. School</u>	23b. ADDRESS <u>507 S. Euclid</u>	23c. DATE SIGNED <u>12/27/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Dec 28 1950</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Booneville Missouri</u>
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DATE REC'D BY LOCAL REG. <u>DEC 6 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L Ziegenhein & Sons, Inc.</u>	ADDRESS
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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.....

W. G. Peterson

Signed.....

Student Embalmer

Licensed Embalmer No. 5395

P. O. Address St. Louis

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

75617
State File No. 831112
Local Registrar's No. 11121

State of }
County of } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of, 19....., before me appears.....

....., who, upon oath, states that the original record of birth death
for **William Corum Blakey** died ~~1904~~ **12-27-1950**, 19....., in the State of
Missouri, and which was filed at on, 19....., should be corrected as follows:

Item No. **7** should read **Dec. 27 1904**
Instead of **Dec. 27 1905**

Item No. **8** should read **Age 46**
Instead of **45**

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant **Leonard B. Hester** Fun. Dir.
Relationship.

7027 Gravois
Present Address.

Subscribed and sworn to before me this **15** day of **Jan.**, 19**51**

My Commission expires **3-4-53** **Walter P. ...** Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.