

FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13798**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003** Registrar's No. **2791**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jennings	
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 Jennings, Missouri 4138	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 2203 Mc Laran Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) Tillie	b. (Middle) Blankenship	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
				March 24, 1951

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 5, 1895	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 6 Days 19	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework	10b. KIND OF BUSINESS OR INDUSTRY housework	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ernest Ruehl	13b. MOTHER'S MAIDEN NAME Lena Gruner	14. NAME OF HUSBAND OR WIFE Stanley Blankenship
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Stanley Blankenship	ADDRESS 2203 Mc Laran
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia lobular		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Disease Bundle branch block left		
	DUE TO (c) Heart		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Heart	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3/12, 1951**, to **3/24, 1951**, that I last saw the deceased alive on **3/24, 1951**, and that death occurred at **6:49 m.** from the causes and on the date stated above.

23a. SIGNATURE Rt. Ceo. Drew M.D.	(Degree or title) U	23b. ADDRESS 3720 Washington	23c. DATE SIGNED 3/24/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/27/51	24c. NAME OF CEMETERY OR CREMATORY Portage Des Sioux	24d. LOCATION (City, town, or county) (State) Portage Des Sioux, Mo.
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DATE REC'D BY LOCAL MAR 26 1951	REGISTRAR'S SIGNATURE J. B. Karater	25. FUNERAL DIRECTOR'S SIGNATURE Buchholz-Koeller	ADDRESS 5967 W. Florissant
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12710

11-6-20

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 William G. Buehler

Signed.....
Student Embalmer

Licensed Embalmer No. 2110 J

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.