

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3064** Registrar's No. **2433**

1. PLACE OF DEATH
 a. COUNTY: **ST. LOUISIS 4009**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: **RURAL-FERGUSON'S DAYS**
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): **6130 Behle Ave.**

2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission)
 a. STATE: **Mo**
 b. COUNTY: _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: **ST. LOUISIS 2169**
 d. STREET ADDRESS (If rural, give location): **3442 WYOMING 1**

3. NAME OF DECEASED
 a. (First) **ARAH** b. (Middle) **ELLEN** c. (Last) **BLAKE**
 (Type or Print)
 4. DATE OF DEATH (Month) (Day) (Year) **6-15-51**

5. SEX **F** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed 2**
 8. DATE OF BIRTH **Feb. 5-1877** 9. AGE (In years last birthday) **74** 10. MONTHS **7** 11. DAYS **7** 12. HOURS **0** 13. MIN. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**
 10b. KIND OF BUSINESS OR INDUSTRY **Shoe Worker**
 11. BIRTHPLACE (State or foreign country) **Jefferson Co., Mo**
 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Wm. Graham** 13b. MOTHER'S MAIDEN NAME **Elizabeth Pounds** 14. NAME OF HUSBAND OR WIFE **Hardin Blake**

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. **488-30-3381** 17. INFORMANT'S SIGNATURE OR NAME **CLARENCE PIERCE** ADDRESS **3160 Behle St. St. Louis, Mo.**

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, asthma, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Hypertension**
 DUE TO (c) **Arteriosclerosis**
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. **Diabetes**
 INTERVAL BETWEEN ONSET AND DEATH
3 days
?
?
?

19a. DATE OF OPERATION **None** 19b. MAJOR FINDINGS OF OPERATION **None** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **None** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **None** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **None**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **None** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **None**

22. I hereby certify that I attended the deceased from **June 12, 1951**, to **June 15, 1951**, that I last saw the deceased alive on **June 15, 1951**, and that death occurred at **5:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **M. Estahle MD** (Degree or title) 23b. ADDRESS **7124 Natural Bridge** 23c. DATE SIGNED **6-15-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **6-18-51** 24c. NAME OF CEMETERY OR CREMATORY **WARE** 24d. LOCATION (City, town, or county) (State) **WARE, Mo.**

DATE REC'D BY LOCAL REG. **6-15-51** REGISTRAR'S SIGNATURE **Hubert P. Lomb MD** 25. FUNERAL DIRECTOR'S SIGNATURE **See Mathushech de Soto, Mo.** ADDRESS _____

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

1961 5-2-700

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 Andrew H England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.