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

FILED NOV 30 1951

STANDARD CERTIFICATE OF DEATH ⁶⁰⁴⁷ State File No. **38549**

BIRTH-NO. _____ REG. DIST. NO. ³⁰⁵ ~~6047~~ PRIMARY REG. DIST. NO. ³⁰⁵ Registrar's No. ³¹

1. PLACE OF DEATH a. COUNTY ST. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentzville RURAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis 2249	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) 2907⁹ Arsenal ST.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1951	
3. NAME OF DECEASED (Type or Print) a. (First) Nancy		b. (Middle) Ellen	
c. (Last) Blake		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Apr. 7, 1897		9. AGE (In years) (Last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Whobrey		13b. MOTHER'S MAIDEN NAME Catherine Branden	
14. NAME OF HUSBAND OR WIFE Ben 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. No		17. INFORMANT'S SIGNATURE OR NAME Ben Blake ADDRESS 2907⁹ Arsenal ST.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH Nov 22-23 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis 7-3 DUE TO (c) Chronic Nephritis July 1951 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 592X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? _____		22. I hereby certify that I attended the deceased from July 15, 1951 , to Nov , 1951, that I last saw the deceased alive on Nov , 1951, and that death occurred at 6:30 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE H. G. Macomber (Degree or title) _____		23b. ADDRESS 917-5018	
23c. DATE SIGNED 11/22/51		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE Nov. 26, 1951		24c. NAME OF CEMETERY OR CREMATORY ST. Matthew's Cem.	
24d. LOCATION (City, town, or county) (State) ST. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Will D. J. L. G. ADDRESS 2929 S. Jefferson	
DATE REC'D BY LOCAL REG. Nov 24/51		REGISTRAR'S SIGNATURE Martin H. Puff	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

NOV 29 1951

DISTRICT HEALTH OFFICE No. 4

File No.

NOV 29 1951

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

A. M. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. *3741*

P. O. Address *2929 So. Jefferson*

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.