

FILED NOV 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36184
State File No. 9597

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis MO</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3803 Maffitt</u> | | d. STREET ADDRESS (If rural, give location) <u>11 2119</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIUS</u> b. (Middle) _____ c. (Last) <u>BLAIR</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10 15 52</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>col</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>2/22/1897</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PORTER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) <u>AREXSON, TENN</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>NED BLAIR</u> | | 13b. MOTHER'S MAIDEN NAME <u>ARMANDA PEARSON</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Bessie Blair</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>489-01-7713</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bessie Blair 3803 Maffitt</u> | |
| 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) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. _____ | |
| 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? <u>443X</u> | |
| 22. I hereby certify that I attended the deceased from <u>10-15, 1952</u> , to <u>10-15, 1952</u> , that I last saw the deceased alive on <u>10-15, 1952</u> , and that death occurred at <u>2:20 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Robert M. Scott, M.D.</u> | | 23b. ADDRESS <u>3007 Eastman</u> | |
| 23c. DATE SIGNED <u>10/17/52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>10-20-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>OCT 18 1952</u> | REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. Watkins 3700 Thomas St.</u> | |

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

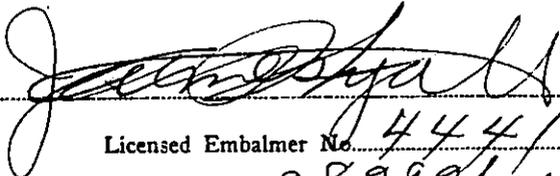
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 4441

P. O. Address. 2829 Washington

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.