

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15484

State File No.

FILED MAY 14 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4257**

1. PLACE OF DEATH a. COUNTY		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 St. Louis, Mo.		c. CITY OR TOWN St. Louis, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3717 Penrose, St. Louis, Mo.		e. STREET ADDRESS (If rural, give location) 3717 Penrose	
		f. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) W.	c. (Last) Blunkall	4. DATE OF DEATH (Month) (Day) (Year) April 22, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-19-1889	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 11 Days 3	IF UNDER 24 HRS. Hours 7 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Thomas Blunkall	13b. MOTHER'S MAIDEN NAME No Record	14. NAME OF HUSBAND OR WIFE
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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. 489-20-2559	17. INFORMANT'S SIGNATURE OR NAME Mrs. Gus Teller, 8772 Penrose, St. Louis	ADDRESS Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH unk
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction of anterior wall of heart		
	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"/>
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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)
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? 410x

22. I hereby certify that I attended the deceased from **Jan 1, 1953**, to **April 22, 1953**, that I last saw the deceased alive on **April 16, 1953** and that death occurred at **4:30 A.M.** m., from the causes and on the date stated above.

23a. SIGNATURE R. M. Havin M.D.	(Degree or title)	23b. ADDRESS 2025 N. Jefferson	23c. DATE SIGNED April 23, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE April 25, 1953	24c. NAME OF CEMETERY OR CREMATORY Poke Cemetery	24d. LOCATION (City, town, or county) (State) Erlington, Missouri
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DATE REC'D BY LOCAL REG. APR 24 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin's Funeral Home Inc.	ADDRESS
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m.d.B. (Licensed Embalmer's Statement on Reverse Side) **2501 Lafayette, St. Louis 4 Missouri**

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

Dr HAYEN
20 245 Jefferson.

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.....
Signature of Student Embalmer

Signed *N. G. Farris*.....

Licensed Embalmer No. *3384*
P. O. Address *2301 Lafayette*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.