

FILED SEP 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32906**
Registrar's No. **8399**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
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. LENGTH OF STAY (In this place) 30 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2179		
d. FULL NAME OF (HOSPITAL OR INSTITUTION) 3850 De Tonty St.				d. STREET ADDRESS (If rural, give location) 3850 De Tonty St.				
3. NAME OF DECEASED (Type or Print) VIRGINIA		a. (First) OLIVIA		c. (Last) BLANCHARD		4. DATE OF DEATH (Month) (Day) (Year) Aug. 27, 1953		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH Feb. 23, 1885		9. AGE (In years last birthday) 68 yr	10. MONTHS 0	11. DAYS 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Cairo, Illinois		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME ZION BISHOP		13b. MOTHER'S MAIDEN NAME ANNA WIRTZ		14. NAME OF HUSBAND OR WIFE ROSS A. BLANCHARD				
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Vernon Laux, 3647 Flora Place				
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH about 24 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Hypertensive arteriosclerosis		at least		
				DUE TO (c) Cardio-vascular disease		11 yr.		
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) 4201				
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?				
22. I hereby certify that I attended the deceased from Dec. 2, 1942 , to Aug. 27, 1953 , that I last saw the deceased alive on Aug. 27, 1953 , and that death occurred at 5:00 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Malvin J. Huber M.D.				23b. ADDRESS 634 N. Grand Blvd.		23c. DATE SIGNED 8-28-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE August 31-1953	24c. NAME OF CEMETERY OR CREMATORY Sun Set Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. AUG 29 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave.				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Melvin J. Huber,
Mo. Theatre Bldg.
3-7 PM

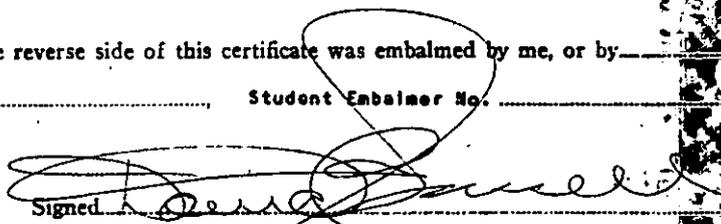
STATEMENT BY LICENSED EMBALMER

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

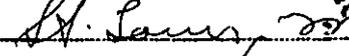
Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 4520

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 32906

State of Missouri

CITY of St. Louis

ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 8399

On this 31st day of July, 1959, before me appears

Gilbert P. Muchow, who, upon his oath, states that the original record of death

for Virginia Emilie Blanchard died August 27, 1953, 19, in the State of

Missouri, and which was filed at St. Louis on August 31, 1953, should be corrected as follows:

Item No. 3 should read Virginia Elizabeth Blanchard

Instead of Virginia Emilie Blanchard

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Gilbert P. Muchow Funeral Director

For BEIDERWIEDEN FUNERAL HOME, INC. Relationship. 3229xChippewa St. 1936 St. Louis Avenue Present Address Louis 6, Missouri

Subscribed and sworn to before me this 31st day of August, 1959

My Commission expires My Commission Expires March 19, 1962 Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

