

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10725

State File No. _____

FILED APR 7 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 731

1. PLACE OF DEATH a. COUNTY <u>ST. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL, Koch</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. Louis</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>2235A HOWARD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robt Koch Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u>	b. (Middle) <u>—</u>	c. (Last) <u>BLAIR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-21-54</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>12-12-78</u>	9. AGE (In years last birthday) <u>75</u>	IF OVER 1 YEAR Months _____	IF OVER 1 YEAR Days _____	IF OVER 1 YEAR Hours _____	IF OVER 1 YEAR Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) <u>RE-TIRE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>old Age Assistance</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>SAMUEL MARSH</u>	13b. MOTHER'S MAIDEN NAME <u>CATHERINE STAECK</u>	14. NAME OF HUSBAND OR WIFE <u>FRANK BLAIR</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph V. O'Donnell, M.D., Koch Hospital</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1944</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>SECONDARY ANEMIA</u> <u>GENERALIZED ARTERIOSCLEROSIS</u> — <u>45</u>		— <u>U.K.</u>	

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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 1 Jan 1954 to 28 MAR, 1954; that I last saw the deceased alive on 21, MAR, 1954, and that death occurred at 2:32 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph V. O'Donnell</u>	(Design or title) <u>M.D.</u>	23b. ADDRESS <u>Robt Koch Hospital, Koch, Mo.</u>	23c. DATE SIGNED <u>22/3/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-24-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. MO</u>
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DATE REC'D BY LOCAL REG. <u>3/23/54</u>	REGISTRAR'S SIGNATURE <u>Heather B. Sombke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>William M. Sullivan</u>	ADDRESS <u>Bros 23207 King, Laguna</u>
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(Licensed Embalmer's Registration on Reverse Side)

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

Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis 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.