

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4839

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give town) St. Louis c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

3. NAME OF DECEASED a. (First) Mildred b. (Middle) c. (Last) Blunt 4. DATE OF DEATH (Month) (Day) (Year) 5 29 54

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED (Ever married, widowed, divorced) (Specify) Married 8. DATE OF BIRTH 6-30-1915 9. AGE (In years last birthday) 38 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 11. BIRTHPLACE (City and State or Foreign Country) Hensley, Arkansas 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Simpson 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Frank Blunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE AND ADDRESS Frank Blunt, 2116 Carr

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undetermined MEDICAL CERTIFICATION

II. OTHER SIGNIFICANT CONDITIONS Jaundice (Probably Obstruction) Fibromyoma of Uterus

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 2148

22. I hereby certify that I attended the deceased from 4-22, 1954, to 5-29, 1954, that I last saw the deceased alive on 5-29, 1954, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. B. Williams, M.D. 23b. ADDRESS 2601 N. Whittier 23c. DATE SIGNED 6/1/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 6-4-54 24c. NAME OF CEMETERY OR CREMATORY Wash. Park 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. JUN 1 1954 REGISTRAR'S SIGNATURE J. Earl Smith M.D. F.D. Richardson, 2625 Glasgow

FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS

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.....
Signature of Student Embalmer

Signed *Andrew Richardson*

Licensed Embalmer No... 485

P. O. Address 2625 Gl

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.