

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32597

State File No.

FILED OCT 14 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2289

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

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park | | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 3 Yrs. | | STREET ADDRESS (If rural, give location) 6317 Bancroft Ave. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Moll Nursing Home | | 2149 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) _____ c. (Last) BLOWER | 4. DATE OF DEATH (Month) (Day) (Year) Sep. 28 1954 |
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|--------------------|-------------------------------|---|--------------------------------------|---|---|---|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH May 20, 1861 | 9. AGE (In years last birthday) 93 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Terra Cotta Work (Retired 25 Yrs) | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) Wales | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME John Blower | 13b. MOTHER'S MAIDEN NAME Jane Unknown | 14. NAME OF HUSBAND OR WIFE Late Emily H. Blower |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Joseph Blower | ADDRESS 6317 Bancroft Ave. |
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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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac dilatation | | 1 day |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Generalized arteriosclerosis | | 7 yrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Deafness | | 4 yrs | 2 |

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| 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) (Min.) _____ | 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 6-1-53, 1953, to 9/28, 1954, that I last saw the deceased alive on 9/27, 1954, and that death occurred at 5:30 A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) [Signature] | 23b. ADDRESS Kirkwood, Mo. | 23c. DATE SIGNED 9/29/54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Sep. 30, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | ADDRESS 4228 S. Kingshighway Bl. |
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(Licensed Embalmer's Statement on Reverse Side)

200
130-5

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 *John A. Hammam*.....

Licensed Embalmer No. 453

P. O. Address

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.