

FILED OCT 24 1955

STANDARD CERTIFICATE OF DEATH

State File No. ....

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|--|--|--|--|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____  |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MO.</b> b. COUNTY _____ |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  |  | c. LENGTH OF STAY (In this place) _____  |  | c. CITY OR TOWN <b>St. Louis</b>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MO. PAC. HOSPITAL</b>   |  |  |  | f. STREET ADDRESS (If rural, give location) <b>74 6317 BANCROFT AVE. 2146</b>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) <b>NELL</b>   |  | b. (Middle) _____  |  | c. (Last) <b>BLOWER (MRS.)</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 4 1955</b>  |  |
| 5. SEX <b>FEMALE</b>   |  | 6. COLOR OR RACE <b>WHITE</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>   |  | 8. DATE OF BIRTH <b>AUG. 20, 1901</b>   |  |
| 9. AGE (In years last birthday) <b>54</b>  |  | IF UNDER 1 YEAR Months _____ Days _____  |  | IF UNDER 24 HRS. Hours _____ Min. _____   |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>   |  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Warrenton, Missouri</b>   |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |  |  |  | 13a. FATHER'S NAME <b>Willis Blanton</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Julia Unknown</b>  |  |
| 14. NAME OF HUSBAND OR WIFE <b>JOSEPH BLOWER</b>   |  |  |  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>      |  |   |  |
| 16. SOCIAL SECURITY NO. <b>none</b>  |  |  |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Blower</b> ADDRESS <b>6317 Bancroft Ave.</b>                                      |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.<br><br><b>APRIL 27, 1952</b>   |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>GENERALIZED CARCINOMATOSIS</b><br><b>ADVANCED 4 DEND CARCINOMA LEFT BREAST.</b><br>ANTECEDENT CAUSES <b>7-8 years.</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |   |  | MEDICAL CERTIFICATION<br>INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19a. DATE OF OPERATION <b>APRIL 27, 1952</b>   |  | 19b. MAJOR FINDINGS OF OPERATION <b>LARGE ULCERATING BLEEDING TUMOR MASS COVERING WHOLE LEFT BREAST.</b>   |  |   |  | 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) _____   |  |   |  |
| 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? _____  |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>APR. 25, 1952</b> , to <b>OCT. 4, 1955</b> , that I last saw the deceased alive on <b>OCT. 4, 1955</b> , and that death occurred at <b>6:15 P.m.</b> , from the causes and on the date stated above. |  |  |  |   |  |   |  |
| 23a. SIGNATURE <b>Raymond Weir</b> (Degree or title) <b>MD</b>   |  |  |  | 23b. ADDRESS <b>4621 Taylor St. St. Louis</b>   |  | 23c. DATE SIGNED <b>10-5-55</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>   |  | 24b. DATE <b>10-7-55</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>   |  |
| DATE REC'D BY LOCAL REG. <b>OCT 6 1955</b>   |  | REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshausen</b> ADDRESS <b>4228 S. Kings Highway Blvd.</b>                               |  |   |  |

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 *Richard W. Stovessand*.....

Licensed Embalmer No. *4007*.....

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.