S. No. 300
10.48

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

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35328

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2333

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (In this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: Webster Groves 58
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 107 East Cedar Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Wylie
b. (Middle): C
c. (Last): Blood

4. DATE OF DEATH (Month) (Day) (Year): 10 10 55

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-1-1880
9. AGE (In years last birthday): 74 — 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): Draftsman
10b. KIND OF BUSINESS OR INDUSTRY: Planing Mill
11. BIRTHPLACE (City and State or Foreign Country): Peoria Ill.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Albert C Blood
13b. MOTHER'S MAIDEN NAME: Mary C Poole
14. NAME OF HUSBAND OR WIFE: Olive Blood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.# 1
16. SOCIAL SECURITY NO.: 493-09-7251 A
17. INFORMANT'S SIGNATURE OR NAME: Mrs. W.C. Blood — ADDRESS: 107 E Cedar

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforated gastric ulcer
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Carcinoma of ileum c̄ multiple implants — Pulmonary edema & RLL atelectasis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 5401H
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 OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-6, 1955, *to* 10-10, 1955, *that I last saw the deceased alive on* 10-10, 1955, *and that death occurred at* 12:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack L. Hagadorn MD
23b. ADDRESS: 601 So. Brentwood
23c. DATE SIGNED: 10/10/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-11-1955
24c. NAME OF CEMETERY OR CREMATORY: Boone Creek Cemetery
24d. LOCATION (City, town, or county) (State): Licking Mo.

DATE REC'D BY LOCAL REG.: 10-10-55
REGISTRAR'S SIGNATURE: Herbert R. Donkey
FUNERAL DIRECTOR'S SIGNATURE: Parker-Aldrich — ADDRESS: Webster Groves Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 439

P. O. Address Webster Gr

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail
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.