

FILED NOV 10 1955

STANDARD CERTIFICATE OF DEATH

State File No. **35490**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **2393**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Hill		c. CITY OR TOWN University City	
c. LENGTH OF STAY (to this place) 1 yr		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rock Hill Rest Home		e. STREET ADDRESS (If rural, give location) 7134 Northmoor Drive	

3. NAME OF DECEASED (Type or Print) a. (First) Georgina b. (Middle) Elizabeth c. (Last) Blythe			4. DATE OF DEATH (Month) (Day) (Year) 10 - 18 - 1955		
5. SEX Fem		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		8. DATE OF BIRTH 11 - 24 - 1876	
				9. AGE (In years last birthday) 78	
				11. BIRTHPLACE (City and State or Foreign Country) Hamilton, Ontario	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Edward Carter		13b. MOTHER'S MAIDEN NAME Catherine Shaw		14. NAME OF HUSBAND OR WIFE Jesse W. Blythe	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. R. F. Mitchell, 7134 Northmoor	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic myocarditis				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's Disease					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221				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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **10-19-55**, 19____, to **10-18-55**, 19____, that I last saw the deceased alive on **10-17-55**, 19____, and that death occurred at **5:45 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. F. Merdlin MD		23b. ADDRESS 3507 Plomeo		23c. DATE SIGNED 10-18-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/20/55		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
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DATE REC'D BY LOCAL REG. 10-18-55		REGISTRAR'S SIGNATURE Herbert R. Doube MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Anton Merklin
3507 Potomac

Tue. 12 - 2
No Wed.

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 *Warren A. Carver*.....

Licensed Embalmer No. *353*.....

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.