

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3148

State File No. \_\_\_\_\_

FILED FEB 10 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>D.O.A.</u>	c. CITY OR TOWN <u>Webster Groves</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Enroute County Hospital</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>503 Atlanta</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Moses</u>	b. (Middle) <u>R</u>	c. (Last) <u>Blevins</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 17 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 22, 1895</u>
9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work occupying most of working life, even if retired) <u>Porter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carter Carburetor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Batesville Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Blevins</u>	13b. MOTHER'S MAIDEN NAME <u>Debria Unknown Nancy Gant</u>	14. NAME OF HUSBAND OR WIFE <u>Amanda Blevins</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Amanda Blevins 503 Atlanta</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>364-19-48 MEDICAL CERTIFICATION</u>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction (acute) Heart Disease</u>	INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 years</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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. <u>4200</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u> <u>443x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 June 30, 1951, to Nov. 19, 1953, that I last saw the deceased alive on Nov. 19, 1953, and that death occurred at 6:48 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert A. Dill M.D.</u> (Degree or title)	23b. ADDRESS <u>7346 Manchester Maplewood 12, Mo.</u>	23c. DATE SIGNED <u>1-19-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-18-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	24d. LOCATION (City, town, or county) (State) <u>Fredericktown Mo</u>
DATE REC'D BY LOCAL REG. <u>1-19-56</u>	REGISTRAR'S SIGNATURE <u>Herbert A. Dill M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 29 1958

MAR 1 1958

FEB 10 1958

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 S. Henne*  
Licensed Embalmer No. *41*  
P. O. Address *St. Louis*

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.