

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3225**
Registrar's No. **46**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **543**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings,		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 5 Months		e. STREET ADDRESS (If rural, give location) 4721 San Francisco Avenue, 15,	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) High Tower Nursing Home, 2520 Mc Laran Avenue			

3. NAME OF DECEASED (Type or Print)	a. (First) ANNA	b. (Middle) GENEVA	c. (Last) BLEVINS	4. DATE OF DEATH (Month) (Day) (Year) January 5th, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 26th, 1866	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HR. Hours _____	IF UNDER 1 HR. Mins. _____
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10a. USUAL OCCUPATION: (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Cuba, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Christopher Mounts	13b. MOTHER'S MAIDEN NAME Martha Bottorff	14. NAME OF HUSBAND OR WIFE Late Louis A. Blevins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Harold Blevins, 3240a Liberty Avenue, 11,	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 wk
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Periodic vascular disease		unk
	DUE TO (c) Arteriosclerotic dementia		unk
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 4221 332x	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) _____	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 **Aug 22, 1955**, to **Jan 5, 1956**, that I last saw the deceased alive on **Jan 2, 1956**, and that death occurred at **1:15P m.**, from the causes and on the date stated above.

23a. SIGNATURE Lewis Littmann MD	(Degree or title) _____	23b. ADDRESS 8231 Clayton Rd (17)	23c. DATE SIGNED 1/6/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Motor	24b. DATE 1/9/56	24c. NAME OF CEMETERY OR CREMATORY Kinder Cemetery	24d. LOCATION (City, town, or county) (State) Cuba, Missouri
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DATE REC'D BY LOCAL REG. 1-6-56	REGISTRAR'S SIGNATURE Hebert R. Lamb	FUNERAL DIRECTOR'S SIGNATURE ALVIN F. FEUTZ	ADDRESS 4828 Natural Bridge Blvd. FUNERAL HOME, INC., St. Louis, 15, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD & KEEP

(Licensed Embalmer's Payment on Reverse Side)

Between 3:00 PM - 5:15 PM
Friday June
File in Country

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..... *Royce T. Lindner*

Licensed Embalmer No. 422

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.