

FILED FEB 17 1956

STANDARD CERTIFICATE OF DEATH

6155

318

1003

State File No. \_\_\_\_\_  
Registrar's No. 969

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 969			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS, MISSOURI</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 type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL #1</b>				e. STREET ADDRESS (If rural, give location) <b>26 2616a N. 11th St.</b>							
3. NAME OF DECEASED a. (First) <b>JOHN</b> (Type or Print)			b. (Middle)			c. (Last) <b>Nelson BLANKENSHIP</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JANUARY 26, 1956</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>		8. DATE OF BIRTH <b>July 29, 1875</b>		9. AGE (In years last birthday) Months Days <b>80</b>		IF UNDER 18 Hrs. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Cook</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Restaurant</b>			11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/> <b>Jonesburg, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Cora</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>494-26-0136</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bert Henry, 3220 Lynros Ct., St. Anns, Mo.</b>					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Pulmonary Edema</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease 8 yrs.</b> DUE TO (c) <b>Generalized Arteriosclerosis 8 yrs.</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Duodenal Ulcer</b>						INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>  <b>- ??</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>								20. AUTOPSY? YES <input checked="" 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) 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 <b>1-23</b> , 19 <b>56</b> , to <b>1-26</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>1-26</b> , 19 <b>56</b> , and that death occurred at <b>5:55 p.m.</b> from the causes and on the date stated above.											
23a. SIGNATURE <b>John F. Clishe</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>1515 LAFAYETTE AVE.</b>				23c. DATE SIGNED <b>1-27-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>1-30-56</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>JAN 28 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b> <b>S.P.</b> (Licensed Embalmer's Statement on Reverse Side)			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington 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 *John S. Penneker*  
Licensed Embalmer No. *1914*

P. O. Address *St. Louis, Mo.*

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.