

No. 300
70-48

FILED DEC 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40144**

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **580** Registrar's No. **2807**

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 OR TOWN Rural Wellston	c. LENGTH OF STAY (in this place) 54 yrs.	c. CITY OR TOWN Rural Wellston	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Hospital		e. STREET ADDRESS (If rural, give location) 7301 St. Charles Rock Rd.	

3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) _____ c. (Last) Blute			4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 1956		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Nov. 21, 1867	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundress		10b. KIND OF BUSINESS OR INDUSTRY Private Institute		11. BIRTHPLACE (City and State or Foreign Country) Summerville, Mass.		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME Patrick Blute		13b. MOTHER'S MAIDEN NAME Bertha Collins		14. NAME OF HUSBAND OR WIFE None	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME Records of St. Vincent's Hospital		ADDRESS _____	
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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, assthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH Years	
		ANTECEDENT CAUSES DUE TO (b) Generalized Arteriosclerosis				11	
		DUE TO (c) Generalized Osteoarthritis				11	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Post traumatic deformity, right elbow 1 mo.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				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)	
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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?	
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22. I hereby certify that I attended the deceased from **Dec. 1949**, to **Nov. 26, 1956**, that I last saw the deceased alive on **Nov. 26, 1956**, and that death occurred at **1:35 P.m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) J. A. Costantino M.D.		23b. ADDRESS 2407 N. Broadway		23c. DATE SIGNED 11/26/56	
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24. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/28/56	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
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DATE REC'D BY LOCAL REG. 11-27-56		REGISTRAR'S SIGNATURE Herbert B. Dombrowski		25. FUNERAL DIRECTOR'S SIGNATURE Cullen Kelly		ADDRESS 7267 Natural Bridge	
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(Licensed Embalmer's Statement on Reverse Side)

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 *James A. Lammers*.....

Licensed Embalmer No. *414*.....

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.