

FILED MAY 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14486

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

318

1003

4130

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

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 8mo. 17dys d. Is Residence within limits of a city or incorporated town? Yes  No   
c. CITY OR TOWN St. Louis e. STREET ADDRESS (If rural, give location) \_\_\_\_\_

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital e. STREET ADDRESS 4139 Westminster

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) \_\_\_\_\_ c. (Last) Blose 4. DATE OF DEATH (Month) (Day) (Year) April 27, 1957

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 8. DATE OF BIRTH 3-18-91 9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 2 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) Evanston, Ill. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frederick (Unknown) 13b. MOTHER'S MAIDEN NAME Josephine (Unknown) 14. NAME OF HUSBAND OR WIFE Jack Blose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Hospital Records ADDRESS 5600 Arsenal St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 1 yr.  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES (b) Hypertensive Cardiovas. Dis. 1 yr.  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
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 443x 20. AUTOPSY?  YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from August 10, 1956, to April 27, 1957, that I last saw the deceased alive on April 27, 1957, and that death occurred at 1:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Beckham, M.D. 23b. ADDRESS 5800 Arsenal 23c. DATE SIGNED 4/29/57

24a. BURIAL, CREMATION, REMOVAL (Specify) cremation 24b. DATE 5-2-57 24c. NAME OF CEMETERY OR CREMATORY City Crematory 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. MAY 1 1957 REGISTRAR'S SIGNATURE Carl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE Frank O'Donnell ADDRESS 5600 Arsenal St.

(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..

NOT EMBALMED      CREMATED BY CITY

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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.