

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33243**

FILED SEP 17 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8381**

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place) **4 mo.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Mo.**

b. COUNTY

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **26 St. Louis Chronic Hosp.**

STREET ADDRESS (If rural, give location) **2470 3123B California Avenue**

3. NAME OF DECEASED

a. (First)

b. (Middle)

c. (Last)

4. DATE OF DEATH

(Month)

(Day)

(Year)

Emma

Alice

Blair

9-5-

1957

5. SEX

female

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

Feb. 28, 1878

9. AGE (In years last birthday)

79

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HRS.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (City and State or Foreign Country)

DeSoto, Mo.

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

John Metz

13b. MOTHER'S MAIDEN NAME

Sarah ?

14. NAME OF HUSBAND OR WIFE

Harvey C. Blair

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 ADDRESS

Edna Blair 3123a California Avenue

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

Pt. Hypostatic Pneumonia

24 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Congestive Heart Failure**

13 days.

DUE TO (c) **Arteriosclerotic Heart Disease**

4 hrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. **Pt. Non-infectious Bronchitis & Abscess Formation**

14 days.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

420.0

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) (Minute)

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 **5-7-57**, 19___, to **9-5-57**, 19___, that I last saw the deceased alive on **9-5-57**, 19___, and that death occurred at **8:35a m.**, from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

John W. Beckham, M.D.

5800 Arsenal St.

9/5/57

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

removal

Sept. 7, 1957

St. Paul Churchyard

St. Louis County, Missouri

DATE REC'D BY LOCAL REG. **SEP 7 57**

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Earl Smith MD

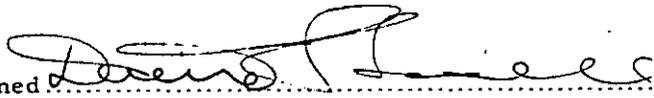
BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.

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  _____

Licensed Embalmer No. 452

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.