

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 20 1957

41758

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar **10744**

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, give TOWNSHIP only) Inside Limits OR TOWN <b>St. Louis,</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <b>St. Louis,</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DePaul Hospital</b> Length of stay in lb				d. STREET ADDRESS (If outside, give location) <b>4538 Minnesota Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Marie</b> Middle <b>A.</b> Last <b>Blankmann</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>9,</b> Year <b>1957</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 17, 1897</b>		9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Bernard Miller</b>				14. MOTHER'S MAIDEN NAME <b>Mary Wolken</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>None</b>		17. INFORMANT Address <b>Anthony F. Blankmann 4538 Minnesota Ave.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hemorrhage, left</b> <b>Hematoma of the Spleen;</b> DUE TO (b) <b>following injuries suffered in collision</b> DUE TO (c) <b>falling from a car.</b> CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPORTED IN THE TERMINAL DISEASE (DO NOT GIVE IN PART I) <b>Julia Steiner, in which deceased</b>						INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AN AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>5 Street</b>					
20c. TIME OF INJURY Hour <b>3:30</b> Month <b>11</b> Day <b>9</b> Year <b>1957</b> p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <b>5 Street</b>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>5 Street</b>		20f. CITY, TOWN, OR LOCATION <b>St. Louis Mo.</b> COUNTY STATE					
21. I attended the deceased from <b>6:00 P.</b> to <b>6:00 P.</b> and last saw her/him alive on <b>11-12-57</b> . Death occurred at <b>6:00 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Patricia Taylor Carver</b> (Degree or title)				22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>11.12.57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Nov. 13, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>		
24. FUNERAL DIRECTOR <b>Gebken-Benz Mortuary</b>		ADDRESS <b>2842 Meramec St. St. Louis, 18, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 12 57</b>		26. REGISTRAR'S SIGNATURE <b>J. Carl Smith md</b> <b>M. J. B.</b>	

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 me....., Student Embalmer No..... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4249  
2842 Meramec St.  
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.