

XC-5629 883
SL 15604

THE DIVISION OF HEALTH OF MISSOURI

58-007018

FILED FEB 28 1958 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1261

300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Length of stay in 1b 36 days	d. STREET ADDRESS (If outside, give location) 3518A PESTALOZZI		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DONALD L. BLAKE			4. DATE OF DEATH Month Day Year JANUARY 31, 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/14/17	9. AGE (In years last birthday) 40	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELDER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) DAYTON, TENNESSEE	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME FRANK BLAKE		13b. MOTHER'S MAIDEN NAME EDNA BLAKE	
14. NAME OF HUSBAND OR WIFE LORRAINE BLAKE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-2		16. SOCIAL SECURITY NO. 720-16-8379	
17. INFORMANT VA HOSP. RECORDS, ST. LOUIS, MO.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRAIN TUMOR, TYPE UNDETERMINED		INTERVAL BETWEEN ONSET AND DEATH 2 MOS.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		193.0		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. attended the deceased from 12/26/57 to 1/31/58 and last saw him alive on 1/31/58 Death occurred at 10:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. O. Ankenbrandt M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 2/1/58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 2-3-1958		23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
23d. LOCATION (City, town, or county) St. Louis, Mo.		23e. (State)			
24. FUNERAL DIRECTOR Phingberrmehe 3819 So Grand Blk		25. DATE RECD. BY LOCAL REG. FEB 3 58		26. REGISTRAR'S SIGNATURE J. Paul Smith, M.D. SIP	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diagnoses in Part I must be causally related.

Medical Certification
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *George J. Ingbermehl*

Licensed Embalmer No. *4611*

P. O. Address *Home 187*

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.