Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-034005

FILED SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8717

| | |
|---|---|
| 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 St. Louis — Inside Limits Yes ☐ No ☐ | c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 09 DePaul Hospital — Length of stay in hospital 4 weeks 8/29 | d. STREET ADDRESS (If outside, give location) 5510 Waterman Ave. — Reside on Farm Yes ☐ No ☐ |

3. NAME OF DECEASED (Type or print): First Helen — Middle — Last Blades

4. DATE OF DEATH: Month September, Day 7, Year 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: October 31, 1901

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 8, Days 7 — IF UNDER 24 HRS.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: General Insurors Inc.

11. BIRTHPLACE (City and state or country): East St. Louis, Illinois

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Richard A. McHale

13b. MOTHER'S MAIDEN NAME: Catherine E. Murray

14. NAME OF HUSBAND OR WIFE: Leland Blades

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 489-03-2483

17. INFORMANT: Leland Blades — Address: 5510 Waterman Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute hepatic failure — INTERVAL BETWEEN ONSET AND DEATH: 18 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Portal Cirrhosis — Years

DUE TO (c) 581.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from August 20, 1958, to Sept. 7, 1958 and last saw her/him alive on Sept. 7, 1958. Death occurred at 6:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F.R. Finnegan M.D. (Degree or title) — F. R. Finnegan, M.D.

22b. ADDRESS: 539 N. Grand Blvd. St. Louis 3, Mo

22c. DATE SIGNED: 9-8-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: September 10, 1958

23c. NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemetery

23d. LOCATION (City, town, or county) (State): Belleville, Illinois

24. FUNERAL DIRECTOR: Bernard Nichols — ADDRESS: 1431 Union Blvd

25. DATE RECD. BY LOCAL REG.: SEP 9 '58

26. REGISTRAR'S SIGNATURE: J. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 J Wm Dinkley

Licensed Embalmer No. 3653

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.