THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042469
STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 317 Primary Registration District No. 531 Registrar's No. 2710

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) University City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 7428 Saleen Ct. — Length of stay in 1b: 10 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN University City 4006 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 7428 Saleen Ct. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: BELLE Middle: Last: BLASS
4. DATE OF DEATH Month: Oct. Day: 21 Year: 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Dec. 25,
9. AGE (In years last birthday): 51 — 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 country): Cincinnati, Ohio
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Raphael Price
13b. MOTHER'S MAIDEN NAME: Goldie Moskowitz
14. NAME OF HUSBAND OR WIFE: Martin
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.: None
17. INFORMANT: Martin Blass 7428 Saleen Ct. Address

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) Barbiturate Poisoning — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 8710
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 14

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Over-dose of barbiturates
20c. TIME OF INJURY Hour 7:45 a.m. Month, Day, Year 10/21/58
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) bedroom of home
20f. CITY, TOWN, OR LOCATION University City COUNTY St. Louis STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 1:P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Raymond Davis (Degree or title) 3
22b. ADDRESS Coroner Clayton, Mo.
22c. DATE SIGNED 10/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/22/58
23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth
23d. LOCATION (City, town, or county) (State) University City, Mo.

24. FUNERAL DIRECTOR Berger Memorial ADDRESS 4715 Mc Pherson
25. DATE RECD. BY LOCAL REG. 10-22-58
26. REGISTRAR'S SIGNATURE Herbert R. Danke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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. 4289

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.