

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027390

FILED VS JUL 21 1959 317

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 1876

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> <u>St. Louis</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>U. City Mo.</u>		Length of stay in 1b		c. CITY OR TOWN <u>U. City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7711 Blackberry Lane</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>7711 Blackberry Lane</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Herbert</u> Middle <u>Victor</u> Last <u>Blount</u>				4. DATE OF DEATH Month <u>July</u> Day <u>12</u> Year <u>1959</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1/15/94</u>		9. AGE (last birthday) <u>65</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) <u>Palmer Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Hooker Blount</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Cole</u>			14. NAME OF HUSBAND OR WIFE <u>Bonnie Blount</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>486-44-9212</u>		17. INFORMANT Address <u>Mrs. Bonnie Blount 7711 Blackberry</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>acute</u> <u>chronic</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 a.m. p.m. Month, Day, Year										
20d. INJURY OCCURRED WHILE AT WORK <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. I attended the deceased from <u>Jan 7, 1958</u> to <u>July 13, 1959</u> and last saw him alive on <u>4/16/59</u> Death occurred at <u>3:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <u>Tom Charwas MD</u>				22b. ADDRESS <u>University Club Bldg</u>				22c. DATE SIGNED <u>7/13/59</u> (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>7/15/1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park</u>		23d. LOCATION (City, town, or county) <u>St. Louis Mo</u>				
24. FUNERAL DIRECTOR <u>C.R. Lupton and Sons 7233 Delmar</u>				25. DATE RECD. BY LOCAL REG <u>7-13-59</u>		26. REGISTRAR'S SIGNATURE <u>John L. Murphy, MD</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Blount

Dr. R. M. Charnas Jr. ~~1-4955~~  
Mo Theatre Bldg

2<sup>nd</sup> R.M. JE 5-9090

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clarence H. Munn

Licensed Embalmer No. 4911

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.