

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028908

FILED VS SEP 8 1959

Registration District No. 44 Primary Registration District No. 4234 Registrar's No. 86

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Iron</b>				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) OR TOWN <b>Ironton</b>		Length of stay in 1b <b>Iron</b> <del>6 Days</del>		c. CITY OR TOWN <b>Richmond Heights</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Marys Hosp. D.O.A.</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1409 Rankin Drive</b>		
3. NAME OF DECEASED (Type or print) First <b>Mae</b> Middle <b>Porter</b> Last <b>Blong</b>				4. DATE OF DEATH <b>August 29, 1959</b> Month Day Year				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1/22/89</b>		
9. AGE (last birthday) <b>70</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales lady (Retired)</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Stix-Baer-Fuller</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joseph R. Porter</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Maher</b>			14. NAME OF HUSBAND OR WIFE <b>James Blong</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>			16. SOCIAL SECURITY NO. <b>488-03-3311</b>		17. INFORMANT Address <b>Mrs Helen P. Bolhofner 1036 So. Berry Rd</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>Adeno-carcinoma, Rt. Lung</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>		
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)						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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>10/8/48</b> to <b>8/28/59</b> and last saw her <b>alive</b> on <b>8/19/59</b> Death occurred at <b>1 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Norman W. Deey M.D.</b>				22b. ADDRESS <b>634 N Grand</b>			22c. DATE SIGNED <b>8/29/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9/1/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Alexander &amp; Sons 6175 Delmar Bly</b>				25. DATE RECD. BY LOCAL REG. <b>8-31-59</b>		26. REGISTRAR'S SIGNATURE <b>Mrs Avis Jones</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Norman W. Drey  
634 No. Grand Blvd  
Room 210 1 to 4 P.M.  
01.2-3868

VS OCT 2 1959

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 Ansel White

Licensed Embalmer No. 3012

P. O. Address Orator

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.