

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025196

FILED VS JUL 7 1960

317

Primary Registration District No. 541

Registrar's No. 1831

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	St. Louis	a. STATE	Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only)	Clayton, Missouri.	COUNTY	St. Louis
OR TOWN		c. CITY OR TOWN	Kirkwood,
c. FULL NAME OF (If NOT in hospital, give location)	Enroute St. Louis County Hospital	Inside Limits	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
HOSPITAL OR INSTITUTION		d. STREET ADDRESS	1009 North Kirkwood Road
		(If outside, give location)	Reside on Farm
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
John	Milton	Blankenship	June	10	1960
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months Days
Male	White		8/27/1882	77	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY		
Retired Machinist	Landess Machine Co.	St. Francois County, Mo.	U.S.A.		
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE		
Higbee R. Blankenship	Eliza Ann Hunt		Cora Ann Blankenship, dec'd		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address			
No	Nil	497-01-5038 Stanley R. Jones, 1009 No. Kirkwood Road			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)		
Incised wound of left forearm		Kirkwood, Missouri.
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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
		Self inflicted razor wound of left forearm	
20c. TIME OF INJURY	Month, Day, Year		
5:35 p.m.	6/10/60		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
		bathroom of residence	Kirkwood St. Louis Missouri
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____			
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
<i>Raymond H. Hard</i> Coroner	Clayton, Mo.	6/15/60
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
Removal	6/13/60	St. Matthews Cemetery
		23d. LOCATION (City, town, or county) (State)
		St. Louis, Missouri.
24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Albert H. Hoppe, Inc., 4700 Washington Blvd.,	6-13-60	<i>John C. Murphy M.D.</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Colvin J. Kempe

Licensed Embalmer No. 405-2

P. O. Address 4911 Wood

St. Louis

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