

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-011857

STATE FILE NUMBER

AMENDED ✓

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 616

FILED VS MAR 14 1961

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| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBSTER GROVES, | | c. CITY OR TOWN Webster Groves | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Glenwood Home & Hosp | | d. STREET ADDRESS (If outside, give location) 914 S. Gore | |

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| 3. NAME OF DECEASED (Type or print) First ISAAC Middle ROYAL Last BLISS | | | 4. DATE OF DEATH Month 3 Day 4 Year 1961 | | |
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| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10-23-1882 | 9. AGE (last birthday) 78 | IF UNDER 1 YEAR Months 3 Days 4 | IF UNDER 24 HR Hours 11 Min. 11 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Retired | 10b. KIND OF BUSINESS OR INDUSTRY Dupont | 11. BIRTHPLACE (City and state or country) Hamilton Ill | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME William Bliss | 13b. MOTHER'S MAIDEN NAME Alice Lifler | 14. NAME OF HUSBAND OR WIFE Bernice Bliss |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Mrs. I.R. Bliss 914 S. Gore |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial insufficiency arteriosclerotic heart disease Generalized & cerebral arteriosclerosis | | INTERVAL BETWEEN ONSET AND DEATH |
| DUE TO (b) | | |
| DUE TO (c) | | |

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| 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 | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) |
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|--|--|--|--|-----------------------|-------|
| 20c. TIME OF INJURY Hour 7:05 a.m. Month, Day, Year Feb. 4-1961 | 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 Hamilton Ill. | COUNTY Ill. | STATE |
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| 21. I attended the deceased from Feb. 4-1961 to March 4-1961 last saw XX him alive on March 4-61 Death occurred at 7:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE Thomas T. Flynn, M.D. | 22b. ADDRESS 1300 Grant Rd. | 22c. DATE SIGNED 3-4-61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 3-4-1961 | 23c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery | 23d. LOCATION (City, town, or county) (State) Hamilton Ill. |
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| 24. FUNERAL DIRECTOR Parker-Aldrich Webster Groves Mo. | 25. DATE RECD. BY LOCAL REG. 3-4-61 | 26. REGISTRAR'S SIGNATURE J. C. Murphy M.D. |
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

State of _____
 County of _____
 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. _____
 P. O. Address _____

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 Leslie Welch

Licensed Embalmer No. 43915
 P. O. Address Walter Brown

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.