1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
31614

1. PLACE OF DEATH
County St Louis Co. Registration District No. 1160
Township Central Primary Registration District No. 4470
City University City (No. 7394 Norwood Ave St. ..... Ward)

File No. 86
Registered No. 1160

2. FULL NAME Clara Weston Blelock

(a) Residence. No. 7394 Norwood Ave St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Frank C. Blelock

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26th 1870

7. AGE: Years 58 | Months 2 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo
(STATE OR COUNTRY) .....

PARENTS
10. NAME OF FATHER Justin J. Weston
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) .....
12. MAIDEN NAME OF MOTHER Nancy Gomes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) .....

14. INFORMANT Frank C. Blelock
(Address) 7394 Norwood Ave

15. FILED Sept 15, 1928 Wm J. Gerald M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 15, 1928.

17. I HEREBY CERTIFY, That I attended deceased from August, 1926, to Sept 15, 1928, that I last saw h. alive on Sept 15, 1928, and that death occurred, on the date stated above, at 1 1/2 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
(duration) ..... yrs. ..... mos. 1 ds.
CONTRIBUTORY (SECONDARY) General Arteriosclerosis
Myocarditis (duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
(1) DID AN OPERATION PRECEDE DEATH? No. DATE OF? —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory Exam.
(Signed) R. U. Powell M.D.
Sept 15, 1928 (Address) 512 Beaumont Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine
DATE OF BURIAL: Sept 17 1928

20. UNDERTAKER: Lragoner
ADDRESS: 3621 Olive

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.