

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

SEP 10 1937

29134

791
1003

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Enroute City Hospital #1)
Registration District No.....
Primary Registration District No.....
File No.....
Registered No. 7767
St. Ward)

2. FULL NAME Thomas A. Blincoe

(a) Residence, No. 4555 Audubon Ave St. 18 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/16/37 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia M. Blincoe

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to....., 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/1/1886

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2:30 P. M.

7. AGE YEARS 50 MONTHS 11 DAYS 15 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:
External hemorrhage from compressed, comminuted fracture of right humerus, suffered in an automobile accident, three miles north of Bonne Terre, Mo., while deceased was riding in Ford truck driven by one, Evans Brown, 5752 Laclede Avenue, St. Louis, Mo., on August 16th, 1937. Time, Cause and Manner could not be determined.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:
.....
.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

13. NAME Richard M Blincoe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Lucille Burnett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? see above Date of injury 8/16, 1937
Where did injury occur? 3 miles north of Bonne Terre, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. MO.

17. INFORMANT (ADDRESS) Julia M. Blincoe 4555 Audubon Ave

Manner of injury see above
Nature of injury see above

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 8/19/37 19

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify.....

19. UNDERTAKER (ADDRESS) Robert J. Ambruster 6633 Clayton Road

(Signed) Joseph M. Dumas M.D.
(Address) Dr. Dumas

20. FILED AUG 26 1937 J. Brebeck Registrar

OCCUPATION 218
FATHER 290
MOTHER 290

