

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE MUST 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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D JUL 12 1938

791
1008

20503
Do not use this space.

5642

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis, Missouri (d) Street No. City Sanitarium St.
(e) Length of residence in city or town where death occurred 31 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Katherine Blake

(a) Residence, No. 3542 Washington Ave. St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9, 1885

7. AGE YEARS 52 MONTHS 6 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Saleswoman
9. Industry or business in which work was done, as saw mill, bank, etc. Stix Baer, Fuller
10. Date deceased last worked at this occupation (month and year) May 1932 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Texas

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Texas

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Texas

17. INFORMANT C. Brown, M.D.
(ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U DATE 6-10 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W Richter 3500 Rutledge St

20. FILED July 22 1938 J. D. P. [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-29-38 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38 1938 to 5-29-38 1938.
I last saw her alive on 5-29-38 1938. Death is said to have occurred on the date stated above, at 3:38 A.M.

The principal cause of death and related causes of importance were as follows:

Degenerative Heart Disease (on Arteriosclerotic bases) 7-1-37x

Other contributory causes of importance:
Arteriosclerosis
Diabetes Mellitus 7-1-37x

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify
(Signed) C. Brown M. D.
(Address) 5400 Arsenal St

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.