

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

30544  
 Do not use this space.

REC'D OCT 12 1938

3

791  
 1008

7981

1. PLACE OF DEATH

(a) County..... 1 Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City St. Louis (d) Street No. City Hospital Famous Barr St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME James P. Blake,

(a) Residence, No. 5551 Enright Ave. St. 5  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie B. Blake  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1866.  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 11 5

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richwood, Ohio

FATHER 13. NAME Adoniram J. Blake

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Clotilda W. Shur,

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

17. INFORMANT (ADDRESS) Mr. Fred A. Blake, 7110 Kingsbury Ave.

18. BURIAL, CREMATION OR DISPOSAL PLACE Bellefontaine DATE Sept. 10, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wagoner Und. Co. 3621 Olive St.

20. FILED SEP 9 1938 J.P. Biddeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8-38  
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1938, to Sept 8, 1938  
 I last saw him alive on Sept 8, 1938 Death is said to have occurred on the date stated above, at about 7 a.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
 Atherosclerosis  
 Hypertension  
 Date of onset

Name of operation None Date of None  
 What test confirmed diagnosis? Exam. 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 Patient fell by Famous Barr Co. was dead when examined  
 Nature of injury Simply cont. of blood from left ear fall result of heart attack  
 Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Joseph B. Carney, M.D.  
 (Address) 5257 Missco Bldg

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.

**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, .....

*Walter King*

or by .....

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

Signed .....

*Walter King*

Licensed Embalmer No. ....

*3563*

P. O. Address .....

*3621 Olive*

**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.**