

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
100813126
Do not use this space.
3468

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... St. LouisRegistration District No.....
Primary Registration District No.....
(d) Street No. City Hospital No. 1

Registered No..... St.

(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

D. 18483

2. PRINT FULL NAME

420

Josephine Blase

3926 Pennsylvania St.

(a) Residence, No. (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
66 67 6 7OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. hwk
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) Illinois

FATHER 13. NAME Lawrence Thouvenot

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

MOTHER 15. MAIDEN NAME Mary Louis

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE April 15 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Regent Bros. 2623 Cherokee St.

20. FILED APR 14 1939 J. B. Beck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/12/39 19

22. I HEREBY CERTIFY, That I attended, deceased from 3/20/39 to 4/12/39, 19

I last saw her alive on 4/12/39 Death is said to have occurred on the date stated above, at 4.20 p.m.

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

Date of onset Aug. 1934
Pseudomonas cystadenoma left operation for cyst uterus from malignant

Other contributory causes of importance:

Pseudomonas Peritonitis

Name of operation Laparotomy Date of 4-11-39

What test confirmed diagnosis? meningi Was there an autopsy? ye

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) Henry P. Lettner M. D.

(Address) City Hospital No. 1

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.....

V.E. Morris

Licensed Embalmer No.....

P. O. Address *3360*.....

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.