

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

6 1939
REGD SEP 7 1939

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

30168
Do not use this space.

1. PLACE OF DEATH
 (a) County ST LOUIS Registration District No. 784
 (b) Township BONHOMME Primary Registration District No. 20806
 (c) City KIRKWOOD (d) Street No. _____ Registered No. 1405
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number) _____ St.
 2. PRINT FULL NAME U.S. BABY BLAND (unnamed)
 (a) Residence, No. 318 W ROSEHILL St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 3

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-4-39

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
STILL BORN

OCCUPATION

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.
 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) KIRKWOOD Mo

FATHER

13. NAME HIBBERT BLAND
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS Mo

MOTHER

15. MAIDEN NAME MARJorie J. CROCKETT
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS Mo

17. INFORMANT Hibbert Bland
 (ADDRESS) 318 W Rose Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE father Dixon DATE 8-6 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Slatyer & Baer
Kirkwood Mo

20. FILED AUG 6 1939 TR may
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-4-39 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-4 1939, to 8-4 1939
 I last saw him alive on 8-4 1939 Death is said to have occurred on the date stated above, 6:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Still Born
 Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis 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) [Signature], M. D.
 (Address) 822 1/2 W. 1st 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.