

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

NOV 13 1939
Registration District No. 501

Primary Registration District No. _____

Registrar's No. 9330

1. PLACE OF DEATH:

(a) County 1002
(b) City or town Saint Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Catherine Bland 453

3. (b) If veteran, name war XX 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Richard Bland 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased July 21, 1908
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>31</u>	<u>3</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 0

11. Industry or business 0

12. Name Frank Hemberger 0

18. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sadie Harvey
(City, town, or county) (State or foreign country)

15. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Richard Bland
(b) Address R. 10 Box 86 Ferguson Mo.

17. (a) Burial (b) Date thereof Nov. 1, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director E. J. Schurr
(b) Address 3125 Lafayette Ave.

19. (a) OCT 31 1939 (b) J. F. Dudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town FERGUSON N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. R 10 Box 86
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1939 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 25, 1939
to Oct 29, 1939
that I last saw her alive on Oct 29, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Embalm in lung with pulmonary edema
Due to hepatitis 4 days
myocardial disease 3 months
Due to chronic cholecystitis 4 months or longer
chronic hepatitis 4 mo.
Other conditions chronic appendicitis 4 mo.
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: cholecystitis
Of operations appendicitis
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Henry K. Rosenber (M. D. or other) M.D.
Address 4503 8th Ave Date signed 10/30/39

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.....

Joe B Wallmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette ave*

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.