

171287  
 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.

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. 9004  
 Registrar's No. 2487

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City Hospital, #1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Days /  
 (Specify whether \_\_\_\_\_)  
 In this community 30 years  
 years, months or days

3. (a) PRINT FULL NAME Stella Blackledge  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Wm. J. Blackledge  
 6. (c) Age of husband or wife if alive 35 years  
 7. Birth date of deceased May 1st 1904  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
35 10 12 hr. min.

9. Birthplace Poland 7  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Steve Jankowski  
 18. Birthplace Poland  
 (City, town, or county) (State or foreign country)

{ 14. Maiden name unknown  
 15. Birthplace unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm. J. Blackledge  
 (b) Address 1111 Chamber St.

17. (a) Burial (b) Date thereof 3-16-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. John Cem.

18. (a) Signature of funeral director H. Widmer and Co  
 (b) Address 1417 N. Market St.

19. (a) MAR 15 1940 (b) J. Blackledge  
 (Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 26  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1111 Chamber St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 30 years years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 13,  
 year 1940 hour 7:35 minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from March  
12, 1940 to March 13, 1940  
 that I last saw her alive on March 13, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration  
Cerebral Embolism 2 days  
Emboli of blood arteries 2 days  
 Due to Rheumatic Heart Disease year

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 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? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature Walter Ford (M. D. or other)  
 Address 1515 Lafayette Date signed 3/14/40

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**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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis 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.**