

No. 2  
4-13-40  
-17-39  
K 23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

NOV 25 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36438

State File No. ....

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 2068

1. PLACE OF DEATH:

(a) County Ordway

(b) City or town Webster Groves.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
131 S. Maple.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
(Specify whether

In this community 1 Year.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Polk

(c) City or town Webster Groves.  
(If outside city or town limits, write "RURAL")

(d) Street No. 131 S. Maple.  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mary Francis Blase.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

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

6. (b) Name of husband or wife Louis Blase. 6. (c) Age of husband or wife if alive 73. years

7. Birth date of deceased May 30th, 1867.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 5 3 hr. min.

9. Birthplace Toronto, Canada.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

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

12. Name Christian Beverly.

13. Birthplace Unknown.  
(City, town, or county) (State or foreign country)

14. Maiden name Eleanor Mitchel.

15. Birthplace Ireland.  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Blase

(b) Address 131 S. Maple.

17. (a) Burial (b) Date thereof 11-6-40.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary cem.

18. (a) Signature of funeral director H. J. Leiden

(b) Address 2223 St. Louis Ave.

19. (a) NOV 4 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3  
year 40 hour 10:40 pm minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 3, 1940 to Nov 3, 1940

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhage Esophageal Varices

Due to Cirrhosis of Liver & Tumor (carcinoma) of Lung.

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

Other conditions 47  
(Include pregnancy within 3 months of death)

Duration ?

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy no.

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 [Signature] (M. D. or other) !

Address Webster Groves Date signed Nov 5 1940

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

6  
2  
4

In Case 176 Lockwood.  
4-5 P.M. 7-8 P.M.  
Re 2524.

**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 Horner L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis av

**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, fact should be so stated above.**