

No. 2  
4-13-40  
-17-39  
X23159

**FILLED OCT 7 1941**

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **1906**

**1. PLACE OF DEATH:**  
 (a) County **St. Louis**  
 (b) City or town **Wells ton**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**6220 Wells Ave. 1**  
(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 FULLNAME** **Annie Blorton**  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** **Female** **5. Color, or race** **Negro** **6. (a) Single, widowed, married, divorced** **widowed**  
**6. (b) Name of husband or wife** **Rolla Blorton** **6. (c) Age of husband or wife if** **alive** \_\_\_\_\_ **years**  
**7. Birth date of deceased.** \_\_\_\_\_  
(Month) (Day) (Year)

**8. AGE:** Years **About 49** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **Wentzville, MO.**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Trucking**  
**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name** **Henry Martha**  
**13. Birthplace** **Wentzville, MO.**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Emily Johnson**  
**15. Birthplace** **Wentzville, MO.**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Lucie Douglas**  
**(b) Address** **6135 Minnesota**

**17. (a)** **Burial** **(b) Date thereof** **9/14/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Hopewell Mo.**  
**18. (a) Signature of funeral director** **Russell Und. Co.**  
**(b) Address** **2732 Pine St.**

**19. (a)** **SEP 13 1941** **(b)** **St. No. [Signature]**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **St. Louis**  
 (c) City or town **Wells ton**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **6220 Wells Ave.**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **0** years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Sept.** day **12**  
 year **1941** hour **7** minute **A** M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** **Inquest pending.**  
**Natural causes**

**Due to** **Enlargement of thyroid**

**Due to** **63a**

**Other conditions.** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy **Yes**

**Duration**  
 \_\_\_\_\_  
**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)  
**(c) Means of injury** \_\_\_\_\_

**23. Signature** **Louis H. Boff** **(M. D. or other)** **S**  
**Address** **Barhammo** **Date signed** **9-12-41**

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

605

0

**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.....

*Joel Russell*

Licensed Embalmer No..... *4112* .....

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, fact should be so stated above.**