No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40488

State File No. 10240

Registration District No. 2791

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
C.E.GIETNER HOME, 5000 So. Broadway,
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 15 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5000 So. Broadway 5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Ellen Blair

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 24, (Day) 1869 (Year)

8. AGE: Years 72 Months 8 Days 27 If less than one day hr. min.

9. Birthplace Angelica, (City, town, or county) New York (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Mitchel Blair
13. Birthplace (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Harriett Dickenson.
15. Birthplace (City, town, or county) New York (State or foreign country)

16. (a) Informant Mrs. L.H.Schoeneweg.
(b) Address 5400 Page, Blvd.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12/26/41 (Month) (Day) (Year)
(c) Place: burial or cremation Angelica, New York

18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar, Blvd.,

19. (a) DEC 25 1941 (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1941 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 7, 1941, to Dec. 21, 1941
that I last saw her alive on Dec. 21, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral haemorrhage	2 1/2 yrs
Due to Cerebral Arteriosclerosis	?
Due to	
Other conditions Hypertension (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?
(Specify type of place)
While at work (e) Means of injury

23. Signature L.C. Herchenroeder (M.D. ~~or other~~)
Address 5000 S. Broadway Date signed 12/23/41

(Licensed Embalmer's Statement on Reverse Side)

5000 So Broadway
LO-5747
1-5 P.M.

10240

10240

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 Clarence H. Murra

Licensed Embalmer No. 4011

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.