S. No. 2
—9-4-41
5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19387

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5354

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: City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 239
(If outside city or town limits, write "RURAL")

(d) Street No. 1908 Park Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Charles Blevins

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Infant 0

6. (b) Name of husband or wife

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

7. Birth date of deceased December 26, 1941 (Month) (Day) (Year)

8. AGE: Years 0 Months 5 Days 24 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Infant

11. Industry or business Nil

MOTHER FATHER

12. Name James Blevins

13. Birthplace Kentucky (City, town, or county) (State or foreign country) 1

14. Maiden name Ruth Skipper

15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant James Blevins

(b) Address 1908 Park Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

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

(b) Address 2301 Lafayette Ave.

19. (a) JUN 22 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1942 hour 5 minute 10 P. 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 Epidural Hemorrhage of Brain whether the result of Malicious Cause or Accidental injury would not be decided

Due to

Due to

Duration

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) Open Verdict

(b) Date of occurrence missing

(c) Where did injury occur? (City or town) (County) (State) 000

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) Home

While at work? No (e) Means of injury missing

23. Signature Alfred Perry (M. D. or other) 3

Address Deputy Coroner Date signed 6/22/42

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Keith

Licensed Embalmer No. 3617

P. O. Address 2317 Lafayett

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.