No. 2
-1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28547
Registrar's No. 7743

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: St. Louis Maternity Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Hours 55 Min. (Specify whether years, months or days)
In this community 4 Hours 55 Minutes

2. USUAL RESIDENCE OF DECEASED:

(a) State St Louis (b) County St Louis Mo. 96
(c) City or town 7 WR
(If outside city or town limits, write "RURAL")
(d) Street No. 433 Baker Ave Webster Groves Mo.
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Infant Female Blunt
3. (b) If veteran, name war
3. (c) Social Security No.
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 September 14, 1942 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
			4 hr. 55 min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Miles Blunt, Jr.
13. Birthplace Helena Montana / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Norton
15. Birthplace Riverside Connecticut / (City, town, or county) (State or foreign country)
16. (a) Informant St. Louis Maternity Hospital
(b) Address 630 S. Kingshighway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/42 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine
18. (a) Signature of funeral director Sullivan Undertaking
(b) Address Euclid & Lansdowne
19. (a) SEP 17 1942 (Date received local registrar) (b) J. F. Bieseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14 year 1942 hour 6 minute 05 P.M.
21. I hereby certify that I attended the deceased from 1:10 P.M. Sept. 14, 1942 to 6:05 P.M. Sept 14, 1942 that I last saw her alive on Sept 14, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Inter cranial Hemorrhage — Duration
Due to Violent Labor.
Due to Prematurity. (37 mos)
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 159
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 Melvin A Roblee (M. D.)
Address 3720 Washington Date signed 9-16-42

(Licensed Embalmer's Statement on Reverse Side)

20-25

433 Baker Ave
Webster Grove Mo,

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 Alfred Mayfield

Licensed Embalmer No. 3077

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.