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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29729

State File No.

FILED OCT 13 1943

Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 8776

1. PLACE OF DEATH:

(a) County Saint Louis

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

(c) Name of hospital or institution: Saint Mary's Infirmary (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln 57

(c) City or town Elsberry (If outside city or town limits, write "RURAL") NR

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Amanda Blair

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Black

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

6. (b) Name of husband or wife Robt Blair

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

7. Birth date of deceased April (Month) 23 (Day) 1864 (Year)

8. AGE: Years 79 Months 5 Days 8 If less than one day hr. min.

9. Birthplace Elsberry (City, town, or county) Mo (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name A. D. Kemper
13. Birthplace Lincoln Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Martha Redman
15. Birthplace Lincoln Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Theo Blair

(b) Address Elsberry Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-43 (Month) (Day) (Year)

(c) Place: burial or cremation Elsberry Mo Miller Cemetery

18. (a) Signature of funeral director W D Bradley

(b) Address Elsberry Mo

19. (a) OCT 4 1943 (Date received local registrar) (b) J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 1 year 1943 hour minute 2 A M.

21. I hereby certify that I attended the deceased from 9-9- 1943 to 10- 1943 that I last saw her alive on 10-1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Diffuse arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy No.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 822 N. Jefferson Date signed 10/7/43

(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. W. H. Bradley

Licensed Embalmer No. 3966

P. O. Address. Elsberry Mo.

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.