

FILED AUG 21 1944
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Lois Bleakley

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 Married
6. (b) Name of husband or wife Joseph E. Bleakley 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased December 3 1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 8 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name George Leverett
13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Dora Major
15. Birthplace Unknown Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Ben. J. Bleakley
(b) Address Racine, Wisconsin
17. (a) Removal (b) Date thereof 8-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mattoon, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) AUG 8 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Coles
(c) City or town Mattoon
(If outside city or town limits, write "RURAL")
(d) Street No. 1621 Wabash (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th
year 1944 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from August 2, 1944, to August 7th, 1944, that I last saw her alive on August 7th, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis - pneumonia
Due to operation

Due to Chronic duodenal ulcer
Other conditions 11/7
(Include pregnancy within 3 months of death)

Major findings: Duodenal scarring
Of operations Diffuse cerebral edema
Of autopsy Diffuse cerebral edema

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 M. C. Abney (M. D. or other) _____
Address BARNES HOSPITAL Date signed 8/8/44

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

844

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Albert G. Hoppe

Licensed Embalmer No..... *2971*

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.