S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

State File No. 48190

FILED JUN 6 1946

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 4853

1. PLACE OF DEATH:

(a) County ST LOUIS

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

(c) Name of hospital or institution: DEACONESS HOSPITAL (If not in hospital or institution, write street number or location)

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

In this community 46 YRS

2. USUAL RESIDENCE OF DEACESED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL")

(d) Street No. 31 S. ROCKHILL RD. (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ELLIE SLOSS BLOOD

3. (b) If veteran, name war NO

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 CHARLES S. BLOOD

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased MARCH-14-1875 (Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 16 If less than one day — hr. — min.

9. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER

12. Name JAMES L. SLOSS

13. Birthplace FLORENCE (City, town, or county) ALABAMA (State or foreign country)

14. Maiden name ARABELLA BLOOD

15. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mrs H C Morsbach

(b) Address 118 GLEN RD WEBSTER GROVES Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE-1-1946 (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker and Co.

(b) Address WEBSTER GROVES Mo.

19. (a) MAY 31 1946 (Date received local registrar) (b) J. F. Bridock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1946 hour 4 minute a. M.

21. I hereby certify that I attended the deceased from 5/24/46, 19__ to 5/30/46, 19__ that I last saw h__ alive on 5/30, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction — Duration 5 days

Due to _____

Due to Coronary Artery disease

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)

(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 H. Victor Reim (M. D. or other)

Address 120 E. Lockwood Webster Groves Date signed 5/30/46

(Licensed Embalmer's Statement on Reverse Side)

JAN 27 1948

JUL 5 1945

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 C C Aldrich

Licensed Embalmer No. 1382

P. O. Address Webster Groves 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.