

**FILED** JUN 18 1946

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(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. Lukes Hospital  
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME BLANCHE E. DAY.

3. (b) If veteran, name war No

3. (c) Social Security No. 489-03-6874

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: December 6, 1877.  
(Month) (Day) (Year)

8. AGE: - Years	Months	Days	If less than one day
<u>68.</u>	<u>6.</u>	<u>6.</u>	hr. _____ min.

9. Birthplace Raymond, Illinois.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired; Secretary.

11. Industry or business St. Louis Union Trust Co.,

12. Name Elijah R. Day.

13. Birthplace Ft. Harrison, Indiana.  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Peek.

15. Birthplace Unknown.. Illinois.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs B. F. Heberger.

(b) Address 5647 Cates Avenue,

17. (a) Burial. (b) Date thereof 6/14/46.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) JUN 12 1946 (b) J. F. Brudeak  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 5616 Pershing Blvd.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 9.

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12  
year 1946 hour 1:50 minute A. M.

21. I hereby certify that I attended the deceased from May 23  
1936, to June 12, 1946

that I last saw her alive on June 11, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerosis cerebral Duration 3 yrs.

Due to Arterio sclerosis-general 10 yrs.

Due to \_\_\_\_\_

Other conditions Hypertensive heart disease 10 yrs.  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN J. F. Brudeak

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature H. E. Newman (M. D. or other) M. D.

Address 3720 Washington Date signed 6-12-46

Chas. F. Binmore  
3000  
Midwest  
+ Supply Co.

Dr. Harold Newman  
3720 Washington  
PC - 4515  
1:30 to 4 P.M.

JUL 30 1946

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 Clarence H. Murray  
Licensed Embalmer No. 4011  
P. O. Address St. Louis, 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.