

S. No. 2
M-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21703

State File No.

5060

FILED JUN 30 1946
318

Registration District No. 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:
FIRMIN DESLOGE Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 1 WK.
(Specify whether years, months or days)

In this community..... 1 WK.

2. USUAL RESIDENCE OF DECEASED:

(a) State..... ILLINOIS (b) County..... 999

(c) City or town..... SESSER
(If outside city or town limits, write "RURAL") NR/11

(d) Street No.
(If rural, give location) 0

(e) Citizen of foreign country?

If yes, name country..... (Yes or No) 2

3. (a) PRINT FULL NAME Bubanks, Blanche

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1946 hour 7:40 AM min.

21. I hereby certify that I attended the deceased from 5/27/46 to 6/5/46 that I last saw h.c.p. alive on 6/5/46 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Duration

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife EVERETT 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased APRIL 28 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 1 7 hr. min.

9. Birthplace COGRESS ILL
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business Home

12. Name NIESE THOMPSON

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

14. Maiden name HELENA MILLER

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

16. (a) Informant Mr. Everett Bubanks

(b) Address SESSER ILL

17. (a) REMOVAL (b) Date thereof 6-7-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SESSER ILL

18. (a) Signature of funeral director BRAYFIELD FUNERAL HOME

(b) Address SESSER ILL

19. (a) JUN 6 1946 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

Due to Cerebro-vascular accident 24 hrs.

Due to

Other conditions 8 2
(Include pregnancy within 3 months of death)

Major findings: None

Of autopsy Area of softening in area of basilar ganglia

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 George P. Flynn M. D. or other.....

Address Firmin Desloge Hosp Date signed 6/5/46

(Licensed Embalmer's Statement on Reverse Side)

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

20342

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 Peter B. DeBrouckat

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, 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.