

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 28452
Registrar's No. 6951

FILED AUG 20 1946

Registration District No. 318

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days
(Specify whether years, months or days)

In this community 17 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

Street No. 3849 Folsom Ave
Memorial
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE BLAKELY

3. (b) If veteran, name war None

3. (c) Social Security No. 492209-4676

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Rosa Blakely

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Aug. 23, 1904
(Month) (Day) (Year)

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

41 11 25 hr. min.

9. Birthplace Crete Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Manager Customers Service

11. Industry or business Sears Roebuck Co

12. Name George Blakely

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

14. Maiden name Martha Leigh

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

16. (a) Informant Rosa Blakely

(b) Address 3849 Folsom Ave.

17. (a) Removal (b) Date thereof 8-10-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wakita Okla

18. (a) Signature of funeral director Kingshamer Mortuary

(b) Address 4228 S. Kingshighway

19. (a) AUG 9 1946 (b) J. F. Brodick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8th
year 1946 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from 7/27/46
Aug. 8th 1946
that I last saw h. in alive on Aug. 8th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor
spongio blastoma

Due to 54A multiphase

Other conditions Brain abscess
(Include pregnancy within 3 months of death)

Major findings: Same
Of operations _____

Of autopsy not obtained

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? 0

While at work? 0 (Specify type of place)
(e) Means of injury 8/8/46

23. Signature 4515 Lafayette (M. D. or other) _____
Address _____ Date signed _____

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FILED IN 50 0218

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 Edwin D. Mc Dermott

Licensed Embalmer No. 3074

P. O. Address 4228 S. Kingshighway

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. *