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Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(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. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mths
In this community 50 YRS.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS.
(If outside city or town limits, write "RURAL")
(d) Street No. 1014 RUSSELL AV.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BLANCHE SANDIDGE?

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 WIDOWED
6. (b) Name of husband or wife PETE SANDIDGE 6. (c) Age of husband or wife if alive DEC'D years
7. Birth date of deceased DEC. 14TH 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 10 13
hr. min.

9. Birthplace TOPEKA KAN.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK.

11. Industry or business AT HOME

MOTHER FATHER

12. Name CYRENUS E. DIEHL /

13. Birthplace PENNSYLVANIA /

14. Maiden name MARYLINA WHITE SIDE

15. Birthplace WABASH IND. /

16. (a) Informant W. J. Sandidge

(b) Address 6202 Keegan Rd

17. (a) CREMATION (b) Date thereof OCT. 30 = 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MISSOURI CREMATORY

(d) Signature of funeral director Brookland Bur. Co

(e) Address 1827 Hozau Str.

(f) Address _____

19. (a) OCT 29 1946 J. F. Bredeck
(Date received local health officer's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27th
year 1946 hour 4:20 minute A M.

21. I hereby certify that I attended the deceased from August 29th
7, 1946, 19to Oct. 27th 1946
that I last saw her alive on Oct. 27th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular Disease
Due to _____
Due to _____
Other conditions Severe Decubitus Ulcer
(Include pregnancy within 3 months of death)

Duration

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 J. R. Dalton 10/28/46
Address 1515 Lafayette Date signed

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

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.....

Henry M. Grammes

Licensed Embalmer No. *4200*

P. O. Address *St. Louis*

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.