

FILED APR 31 1947

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 784

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4210 Ravenwood Avenue.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 4210 Ravenwood Avenue. (20) 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma J. Blount.

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 Richard L. Blount. 6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased February 14, 1869.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 1 19 hr. min.

9. Birthplace Campbell, Kentucky!
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Brossart.
13. Birthplace France. 5
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Rinnert.
15. Birthplace Lawrenceberg, Indiana. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Herbert E. Blount.
(b) Address 7410 Calvin Avenue.

17. (a) Burial (b) Date thereof 4-7-1947.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) 4-7-47 (b) Carol G. Shaw
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd.
year 1947 hour 6.15 minute P.M.

21. I hereby certify that I attended the deceased from March 1
1946 to April 31 1947
that I last saw him alive on 4-2- 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis Duration 1 Week
Due to Chronic Myocarditis 930 5yr
Due to Bronchial Asthma 20yrs
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?
ry _____
While at work? Yes (Specify type of work) _____
(e) Means of injury 2
23. Signature W. E. Fullington (M.D. or other) _____
Address 668 3rd Avenue Date signed 4/7/47

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

Dr. E. E. Farley.
6623 Lillian Avenue.
10 to 12 2 to 4
Telephone Mu. 4533

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 *John K. Ketter*.....

Licensed Embalmer No. *3880*.....

P. O. Address.....

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.