

FILED JUN 23 1947 B18 Registration District No. **B18** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Missouri Baptist Hospital**
(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..... **How**

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

(d) Street No. **19** **4001 Washington Blvd.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Harriet (Hattie) Bledsoe**

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..... **Robb C. Bledsoe**

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

7. Birth date of deceased..... **November 28 1873**
(Month) (Day) (Year)

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

73 6 11 hr. min.

9. Birthplace..... **Christian County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

12. Name **Simeon Maples**

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

14. Maiden name **Mary Maples**

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

16. (a) Informant **Mrs. Chester L. Short**

(b) Address **4136 McRee Avenue**

17. (a) **Removal** (b) Date thereof **6/10/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nixa, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **JUN 10 1947** (b) **J. F. Bledsoe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **9**
year **1947** hour **6** minute **35 A.M.**

21. I hereby certify that I attended the deceased from **25 May 1947** to **9 June 1947**
that I last saw her alive on **8 June 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Failure**

Due to **Senile Arteriosclerotic Cardio-vascular-cerebral Disease Indet.**

Due to.....

Other conditions **Multiple Decubitus Ulcers 4 wks**
(Include pregnancy within 8 months of death)

Major findings: Of operations **None**

Of autopsy **None**

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?..... (b) Means of injury.....

23. Signature **J. Ernest Jensen** (M. D. or other) **M.D.**
Address **3720 Washington** Date signed **10 Jun 47**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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. Brammer

..... 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.