S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25250
Registrar's No. 6791

FILED JUL 26 1947

Registration District No. 318

Primary Registration District No. 100

1. PLACE OF DEATH:
(a) County: MISSOURI
(b) City or town: ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: JEWISH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: 0-2-0
(c) City or town: ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3171 LEMP 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 5
If yes, name country

3. (a) PRINT FULL NAME: BLANCHE ADERHOLT
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: FEBRUARY (Month) 28 (Day) 1925 (Year)

8. AGE: Years 22 | Months 4 | Days 20 | If less than one day: hr. min.

9. Birthplace: ST. LOUIS (City, town, or county) MO (State or foreign country)
10. Usual occupation: CHEMIST
11. Industry or business: MALLINCKROTT CHEM. CO.

FATHER
12. Name: CHARLES ADERHOLT
13. Birthplace: ILLINOIS (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: ANNA WAGNER
15. Birthplace: MO. (City, town, or county) (State or foreign country)

16. (a) Informant: ANNA ADERHOLT
(b) Address: 3171 LEMP
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof: JULY 21 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: VALHALLA CHAPEL
18. (a) Signature of funeral director: Thomas Kutis Son
(b) Address: 7906 GRAVOIS
19. (a) JUL 19 1947 (Date received local registrar) (b) J. F. Bredeel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 18 year 1947 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from April 30, 1947, to July 18, 1947, that I last saw her alive on July 18, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lymphosarcoma-Mediastinal	April 47
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): none
(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: 0

23. Signature: A. J. Steiner (M. D. or other) MD
Address: 634 N. Grand Date signed: 7-19-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

622 Mo. Chatre Bldg.
No. 5260
Till 1 P.M. Sat.

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 Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, 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.