

FILED AUG 4 1947 318

1003

Registration District No. .... Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County .....  
(b) City or town SAINT LOUIS:  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 48 Aberdeen Pl RESIDENCE:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ..... (Specify whether)  
In this community LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County 000  
(c) City or town SAINT LOUIS: 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 48 ABERDEEN PLACE 9  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No) 0  
If yes, name country .....

3. (a) PRINT FULL NAME ELIZABETH H. BLANCHARD

3. (b) If veteran, name war NO. 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 MARCH 17 1872  
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day  
75 4 10 br. .... min.

9. Birthplace WEBSTER GROVES MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business INTERIOR DECORATOR.

12. Name CHARLES H. BLANCHARD

13. Birthplace MILFORD OHIO  
(City, town, or county) (State or foreign country)

14. Maiden name MARY JANE MOORE  
15. Birthplace BATAVIA OHIO  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS EDWARD D'ARCY

(b) Address 48 ABERDEEN PLACE

17. (a) CREMATION (b) Date thereof JULY 29/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE CREMATORY

18. (a) Signature of funeral director C. R. LUPTON & SONS

(b) Address 7233 DELMAR BLVD.

19. (a) JUL 28 1947 (b) J. F. Bradeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 27  
year 1947 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from 7-15 1947 to 7-27 1947  
that I last saw her alive on 7-26 1947  
and that death occurred on the date and hour stated above

Immediate cause of death arteriosclerosis about 5 years

Due to 57  
Due to .....

Other conditions metaph. ashles deformities - about  
(Include pregnancy within 3 months of death)

Major findings Of operations .....

Of autopsy no

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? ..... (Specify means of injury)  
Signature J. F. Bradeck (M. D. or other)  
Address St Louis Mo Date signed 7/28/47

PHYSICIAN

Underline the cause of which death should be charged statistically.

SEP 10 1947

Dr. D. C. J. J. J. J.  
Harris, Clerk.  
9/3 1531  
1-3 P.M.

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 Clarence H. Murray.

Licensed Embalmer No. 4011

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.