No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32335

Registrar's No. 3520

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

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: 5108 Christy 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 600

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5108 Christy Avenue., 9
(If rural, give location)

(e) Citizen of foreign country? 15 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harry P. Blaisdell

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Rose Blaisdell

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased October (Month) 1 (Day) 1879 (Year)

8. AGE: Years 67 Months 11 Days 4 5 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Foreman

11. Industry or business Electrical Machine Factory

FATHER
12. Name Harry P. Blaisdell /
13. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Hannah Joyce
15. Birthplace Keokuk (City, town, or county) Iowa (State or foreign country) /

16. (a) Informant Rose Blaisdell
(b) Address 5108 Christy Avenue.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,

19. (a) SEP 8 1947 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5th year 1947 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from June, 1947 to Sept 5, 1947 that I last saw him alive on Sept 5, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary edema	24 hrs
Due to Auricular fibrillation	6 mo
Due to Myocarditis Chronic	8 mo
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations —	
Of autopsy —	

93

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)

(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 O D Michael (M. D. or other) MD

Address 812 Olive Date signed 9/8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 S. Dennehy

Licensed Embalmer No. 4194

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.