

S. No. 2  
1-1/47  
5-17-39

National Office of Vital Statistics  
FILED SEP 23 1947  
Registration District No. 313

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: Daslogan Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 2629 Louisiana Ave. (If rural, give location) 9  
(e) Citizen of foreign country? NO (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME Neptune, Blanche  
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 Married  
6. (b) Name of husband or wife Wayne B. Neptune, 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased September 21, 1892  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September day 13 year 1947 hour 3 minute 5 A.M.  
21. I hereby certify that I attended the deceased from Jan. 25 1943 to Sept 13 1947 that I last saw her alive on Sept. 12 1947 and that death occurred on the date and hour stated above.  
Immediate cause of death Carcinoma of Ovary with generalized abdominal metastases  
Duration 8 mo

8. AGE: Years Months Days If less than one day  
54 11 22 hr. min.

Due to.....  
Due to.....  
Other conditions Hypertension, Cardid - Vascular Disease (Include pregnancy within 3 months death) 5 years  
Major findings: Of operations.....  
Of autopsy Confirmed diagnosis given above

9. Birthplace Spencer, Indiana (City, town, or county) (State or foreign country)  
10. Usual occupation Housewife  
11. Industry or business.....  
12. Name Thomas Thompson  
13. Birthplace Spencer, Indiana (City, town, or county) (State or foreign country)  
14. Maiden name Blanche Glover  
15. Birthplace Spencer, Indiana (City, town, or county) (State or foreign country)  
16. (a) Informant Wayne B. Neptune  
(b) Address 2629 Louisiana Ave.  
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/15/47 (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Cemetery  
18. (a) Signature of funeral director Wagoner Mortuary  
(b) Address 4161 Lindell Blvd.  
19. (a) SEP 15 1947 (Date received local Registrar) (b) J. F. Budisch (Registrar's signature)

22. 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.....  
23. Signature G. O. Brown (M. D. or other) M.D.  
Address 1325 S. Grand Blvd Date signed 9/13/47

4598

**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 Robert T. Sampster

Licensed Embalmer No. 4590

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.