S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6075

FILED FEB 20 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1175

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: Homer Phillips 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County odc

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

(d) Street No. 2522 N. Garrison 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME SHIRLEY L. BLAND

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female

5. Color or race C

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 Oct. 5, 1927
(Month) (Day) (Year)

8. AGE: Years 20 | Months 3 | Days 27 | If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business --

FATHER
12. Name Harry Bland
13. Birthplace Gray Summitt, Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pearlie King
15. Birthplace Stewart Co. Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Pearlie Brown
(b) Address 2522 N. Garrison

17. (a) Burial (b) Date thereof 2-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) FEB 4 1948 (b) [signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
year 1948 hour minute 2:45 AM.

21. I hereby certify that I attended the deceased from 1-30-48
, 19 , to 2-1 , 1948
that I last saw her alive on 2-1-48, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to Streptococic throat infection

Due to

Other conditions
(Include pregnancy within 3 months of death)

115

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature Oral S. McClellan (M.D. or other)
Address 4200a Easton Ave. Date signed 2-3-48

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 Guy Shelton, Registered Apprentice No. 3, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 4 259

P. O. Address 4107 Finney Ave.

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.