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. 14866

FILED MAY 15 1948

Registration District No. 37

Primary Registration District No. 3066

Registrar's No. 1140

96
4
3

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Old Folks Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Kirkwood 96
(If outside city or town limits, write "RURAL")

(d) Street No. 711 S. Kirkwood Rd. 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 3

If yes, name country

3. (a) PRINT FULL NAME Hannah M. Blake

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 Widow 2

6. (b) Name of husband or wife Lewis R. Blake

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

7. Birth date of deceased May (Month) 28 (Day) 1865 (Year)

8. AGE: Years 82 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Indiana (City, town, or county) Penn. (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name William Kunkle
13. Birthplace (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Martha Douthitt
15. Birthplace (City, town, or county) Penn (State or foreign country)

16. (a) Informant Old Folks Home
(b) Address Kirkwood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr., Kirkwood

19. (a) 5-6-48 (Date received local registrar) (b) Cecil J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1948 hour 10 minute 40 A M.

21. I hereby certify that I attended the deceased from Feb 14, 1948, to May 4, 1948, that I last saw her alive on April 28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage.	10 days.
Due to: Chronic myocarditis with decompensation	3 months
Due to: 93d	
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)

(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 Quentin M Gaines MD (M. D. or other)
Address 508 N Kirkwood Rd Kirkwood, Mo Date signed 5/5/48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Peter B. Dubouillet

Licensed Embalmer No. 26 91

P. O. Address Richmond Heights, 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.