

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2278

BIRTH NO. 106264-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 600

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) Alton	
c. LENGTH OF STAY (in this place) 21 days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Childrens Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Rennie c. (Last) Blankenship			4. DATE OF DEATH (Month) 1 (Day) 17 (Year) 50		
5. SEX male	6. COLOR OR RACE white	7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 7-10-49	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 6 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Alton, Mo		12. CITIZEN OF WHAT COUNTRY? Cemer

13a. FATHER'S NAME Virgil F. Blankenship		13b. MOTHER'S MAIDEN NAME Leona Storms		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME St. Louis Childrens Hospital Records	
ADDRESS St. Louis, Mo					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Biliary atresia congenital Biliary cirrhosis				INTERVAL BETWEEN ONSET AND DEATH 6 months	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 7693		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 12-27, 1949, to 1-17, 1950, that I last saw the deceased alive on 1-17, 1950, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE Wm. A. Klingberg M.D.		(Degree or title)		23b. ADDRESS St. Louis Childrens Hospital		23c. DATE SIGNED 1-18-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-18-50		24c. NAME OF CEMETERY OR CREMATORY Bailey Chapel		24d. LOCATION (City, town, or county) (State) Alton Mo	
DATE REC'D BY LOCAL REG. JAN 20 1950		REGISTRAR'S SIGNATURE J. S. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE Clary Funeral Home		ADDRESS Alton, Mo	

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

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.