

FILED JUN 17 1950
#111924

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21380

State File No. _____
Registrar's No. 4998

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 4998					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri				c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2259							
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				2. STREET ADDRESS 819 1/2 Market St. 0		(If rural, give location)							
3. NAME OF DECEASED (Type or Print) STERLING Hensley BLEWETT			a. (First)			b. (Middle)			c. (Last)				
4. DATE OF DEATH June 6th, 1950			(Month)			(Day)			(Year)				
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH July 12, 1895		9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist				10b. KIND OF BUSINESS OR INDUSTRY Railroad				11. BIRTHPLACE (State or foreign country) Marshall Co., Ky. /			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Vernon H. Blewett				13b. MOTHER'S MAIDEN NAME Minnie Wurlman				14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Minnie Blewett, 126 Clemens, Paducah, Ky.							
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary TB 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.								INTERVAL BETWEEN ONSET AND 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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____							
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____											
22. I hereby certify that I attended the deceased from 6/1/50, 19__, to 6/6/50, 19__, that I last saw the deceased alive on 6/6/50, 19__, and that death occurred at 4:00 PM m., from the causes and on the date stated above.													
23a. SIGNATURE John W. Murphy						23b. ADDRESS 1515 Lafayette Ave.,			23c. DATE SIGNED 6/6/50				
24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-6-50		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Paducah, Ky.							
DATE REC'D BY LOCAL REG. JUN 6 1950		REGISTRAR'S SIGNATURE J. B. Harster				25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Albert H. Hoppe, 4700 Washington Blvd.							

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

DEC 5 1950

[Faint handwritten text]

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed..... *Etienne R. Ravelus*

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

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.