

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24563**

FILED AUG 10 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6475**

1. PLACE OF DEATH a. COUNTY <i>Missouri</i>		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, 2219</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Peoples Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>2942 Belle, Apt 203</i>	

3. NAME OF DECEASED a. (First) <i>Mabel</i> b. (Middle) _____ c. (Last) <i>Blocker</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>July 27, 1950</i>	
5. SEX <i>3</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 25, 1909</i>
9. AGE (In years last birthday) <i>41</i>		10. UNDER 1 YEAR (Months) (Days) _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>Bowling, Kentucky</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>John Morgan</i>	13b. MOTHER'S MAIDEN NAME <i>Auth Campbell</i>	14. NAME OF HUSBAND OR WIFE <i>Joseph Blocker</i>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>Joseph Blocker, 2942 Belle</i>	ADDRESS _____
--	-------------------------------	---	---------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>10 mos.</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Adenocarcinoma of Rectum.</i>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			

19a. DATE OF OPERATION <i>1/25/50</i>	19b. MAJOR FINDINGS OF OPERATION <i>Adenocarcinoma of Rectum</i>	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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>15A-X</i>

22. I hereby certify that I attended the deceased from *1/18*, 19*50*, to *6/27*, 19*50*, that I last saw the deceased alive on *6/27*, 19*50*, and that death occurred at *9:20 p. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Carie Shultz</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>462 N. Taylor Ave.</i>	23c. DATE SIGNED <i>6/28/50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>7/31/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Peters</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, MO</i>

DATE REC'D BY LOCAL REG. <i>JUL 28 1950</i>	REGISTRAR'S SIGNATURE <i>J. B. Fosater</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>R. M. C. Green</i>	ADDRESS <i>3517 Larche</i>
---	--	--	----------------------------

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 embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Melvin E. Green*  
Licensed Embalmer No. *4428*

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.