

FILED JUL 31 1950

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 24564

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6363

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

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) ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2229			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. MARY INFIRMARY				222 STREET ADDRESS (If rural, give location) 1304 ARMSTRONG					
3. NAME OF DECEASED (Type or Print) VIOLA		a. (First)		b. (Middle) BLOCKTON		c. (Last)			
4. DATE OF DEATH		7		23		50			
5. SEX F		6. COLOR OR RACE COL.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 1-22-1904			
9. AGE (In years last birthday) 46		IF UNDER 1 YEAR Months 6		IF UNDER 1 YEAR Days 1		IF UNDER 1 HR. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) CANTON MISS.		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME WESLEY THOMPSON			13b. MOTHER'S MAIDEN NAME JAMES PATTON			14. NAME OF HUSBAND OR WIFE W. BLOCKTON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Leah Yunley 1515 ADDRESS 50 3rd					
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) MEDICAL CERTIFICATION Myoperleneve heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 2 years	
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 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? A.43 X					
22. I hereby certify that I attended the deceased from 20 July 1950 to 22 July 1950, that I last saw the deceased alive on 20 July 1950 and that death occurred at 6:20 a.m., from the causes and on the date stated above.									
23a. SIGNATURE J. B. Seaton (Degree of title)				23b. ADDRESS 2743 Franklin				23c. DATE SIGNED 24 July	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7-29-50		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PR		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO, MO.			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE J. B. Seaton		25. FUNERAL DIRECTOR'S SIGNATURE R. T. Walton		ADDRESS 2207 S. Grand Ave.			

III 25 1950

(Licensed Embalmer's Statement on Reverse Side)

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

1-9-17

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 Arthur R. Fleckhard

Licensed Embalmer No. 4221

P. O. Address 4049 5th St

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.