

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10807

State File No. 2279

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2843 LAFAYETTE				STREET ADDRESS (If rural, give location) 2843 LAFAYETTE AV			
3. NAME OF DECEASED (Type or Print) a. (First) BLANCHE b. (Middle) WHITE c. (Last) WILSON			4. DATE OF DEATH (Month) (Day) (Year) MARCH-9-51				
5. SEX FF 1	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, SEPARATED , DIVORCED (Specify) 3. Divorced		8. DATE OF BIRTH Oct. -1895	9. AGE (In years last birthday) 65YR.	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) MO O		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNK.		13b. MOTHER'S MAIDEN NAME MARTHA MILLER		14. NAME OF HUSBAND OR WIFE Blanchard			
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 Earl Chapman ADDRESS 2843 Lafayette			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis (chronic) 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 type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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? Heart			
22. I hereby certify that I attended the deceased from Feb 25, 1951 , to March 9, 1951 , that I last saw the deceased alive on March 9, 1951 , and that death occurred at 9:20 a.m. , from the cause and on the date stated above.							
23. SIGNATURE (Name or title) Dr. J. M. Hawn M.D.				23b. ADDRESS 2025 Bellefontaine		23c. DATE SIGNED 3-10-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 12-51		24c. NAME OF CEMETERY OR CREMATORY ST. MATTHEWS		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 1 1951 J. B. Crocker				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schurr 3125 Lafayette			

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

Completed by [unclear]

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed *Jose B. Volmer*

Signed.....
Student Embalmer

Licensed Embalmer No. *4014*

P. O. Address *13195 Lafayette*

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.