

FILED JUL 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 24307

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5698

1. PLACE OF DEATH a. COUNTY SAINT LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY SAINT LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) WEBSTER GROVES 4577	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) # 4 ALGONQUIN LANE	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION DEACONESS HOSPITAL			

3. NAME OF DECEASED a. (First) WILLIAM b. (Middle) E c. (Last) BLAIR JR.			4. DATE OF DEATH (Month) (Day) (Year) June 23 1951			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 15 1889	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 4 Days 8	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Div Mgr		10b. KIND OF BUSINESS OR INDUSTRY Reynolds Metal Co		11. BIRTHPLACE (State or foreign country) BUFFALO, N. Y.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm E. BLAIR		13b. MOTHER'S MAIDEN NAME Mary Hoffman		14. NAME OF HUSBAND OR WIFE RUTH KIGHT BLAIR	
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 ADDRESS CLEM F. STORCKMAN 411 No. 7th STL	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 11 days	
*This does not mean the mode of dying, such as heart failure, asthma, 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) Arteriosclerotic cardiovascular disease ?	
				DUE TO (c) Diabetes Mellitus ?	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 260X	

22. I hereby certify that I attended the deceased from 3/25/47, 19, to 6/23/51, 19, that I last saw the deceased alive on 6/23/51, 19, and that death occurred at 5:00a m., from the causes and on the date stated above.

23a. SIGNATURE Clarence E. Mueller M.D.		23b. ADDRESS 639 N. Grand Blvd.		23c. DATE SIGNED 6/23/51	
24a. BURIAL CREMATION REMOVAL (Specify) Cremation		24b. DATE 6/25/51		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Chapel	
				24d. LOCATION (City, town, or county) (State) St Louis County Mo.	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 24 1951 J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS cRobert J. Ambruster, Inc.	
--	--	---	--

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

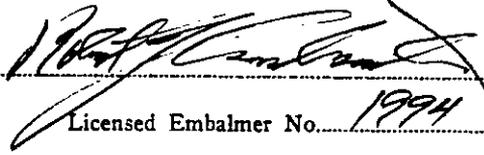
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....



Licensed Embalmer No. 1994

Signed.....
Student Embalmer

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.