No. 300
10.49

Filed 6/20/51

FILED AUG 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25691

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2263

1. PLACE OF DEATH
a. COUNTY St. Louis 4000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Koch (rural)
c. LENGTH OF STAY (In this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Robert Koch Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 23 St. Louis 2239
d. STREET ADDRESS (If rural, give location) 1623 South 3rd

3. NAME OF DECEASED (Type or Print)
a. (First) Daisy
b. (Middle)
c. (Last) Blockton

4. DATE OF DEATH (Month) (Day) (Year) May 21, 1951

5. SEX Female 5

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2

8. DATE OF BIRTH 10-16-93 (?)

9. AGE (In years last birthday) 57 (?) 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) NIL

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Unknown 9

12. CITIZEN OF WHAT COUNTRY? 9

13a. FATHER'S NAME Eddie Myres

13b. MOTHER'S MAIDEN NAME Birdia Schaffer

14. NAME OF HUSBAND OR WIFE Curtis Blockton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ??

17. INFORMANT'S SIGNATURE OR NAME Hospital Records, Robt. Koch Hosp
ADDRESS

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH March 1951 (?)

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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION .002x

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-18- *, 19* 51 *, to* 5-21 *, 19* 51 *, that I last saw the deceased alive on* 5-21 *, 19* 51 *, and that death occurred at* 11:16 *m., from the causes and on the date stated above.*

23a. SIGNATURE Frank Cohen (Degree or title) MD

23b. ADDRESS Robert Koch Hospital

23c. DATE SIGNED 5-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5 26-51

24c. NAME OF CEMETERY OR CREMATORY Oakedale Cemetery

24d. LOCATION (City, town, or county) Lemay MO (State)

DATE REC'D BY LOCAL REG. 5-25-51

REGISTRAR'S SIGNATURE Herbert R Donks MD

25. FUNERAL DIRECTOR'S SIGNATURE A. H. Burk

ADDRESS 212 Carroll St.

(Licensed Embalmer's Statement on Reverse Side)

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 Myself

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Tho. J. Yandell

Licensed Embalmer No. 42 43

P. O. Address Webster Grove 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.