

NOV. 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH34841
State File No. 9069

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 <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or ST. Louis, Missouri)		c. CITY (If outside corporate limits, write RURAL and give township) <u>22ND ST. LOUIS 2239.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1813 KENNETT⁰ PL.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Louis City Hospital #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JENNY</u>		b. (Middle) <u>M</u>	
c. (Last) <u>BLAKELY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 12 1951</u>	
5. SEX <u>FE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APR. 24 1891</u>
9. AGE (In years last birthday) <u>60</u>		10. CITIZENSHIP (If under 18, state year and month) <u>Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>HUNTSVILLE Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>GEORGE D. JONES</u>		13b. MOTHER'S MAIDEN NAME <u>JENNIE V. PARSONS</u>	
14. NAME OF HUSBAND OR WIFE <u>ELMER BLAKELY</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WINIFRED A. GARRETT</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> 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	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>H H B X</u>			
22. I hereby certify that I attended the deceased from <u>10-11-51</u> , 19 <u>51</u> , to <u>10-12-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-12-51</u> , 19 <u>51</u> , and that death occurred at <u>3:50 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>F. Coloniero M.D.</u>		23b. ADDRESS <u>1515 Lafayette Avenue</u>	
23c. DATE SIGNED <u>10-13-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>OCT. 17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAKE CHARLES</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CT Mo</u>		DATE REC'D BY LOCAL REG. <u>OCT 15 1951</u>	
REGISTRAR'S SIGNATURE <u>Paul Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. SCHUBA</u>	
ADDRESS <u>3125 LAFAYETTE</u>			

(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Joe B. Vallmer

Licensed Embalmer No. *4014*

P. O. Address *3125 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.