

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 9727

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>221</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home 2924 Sheridan</u>		e. STREET ADDRESS (If rural, give location) <u>2924 Sheridan</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) _____ c. (Last) <u>Blair</u>			4. DATE OF DEATH (Month) <u>10</u> (Day) <u>31</u> (Year) <u>51</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 12, 1896</u>		9. AGE (In years last birthday) <u>55</u> If under 1 Year: _____ If under 1 Month: _____ If under 1 Day: _____ If under 1 Hour: _____ If under 1 Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Aberdeen, Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Johnson Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Lue Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Dorsey Blair</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dorsey Blair</u> ADDRESS <u>2429 Sheridan</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Hypertension</u> Forbid 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 <u>10/20/51</u> <u>1/10/51</u>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	_____			_____

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) _____ (m.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>331X</u>				

22. I hereby certify that I attended the deceased from 10/29, 1951, to 10/31, 1951, that I last saw the deceased alive on 10/31, 1951, and that death occurred at 5P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jan T. Alrich M.D.</u> (Degree or title)		23b. ADDRESS <u>2607 Franklin</u>		23c. DATE SIGNED _____	
--	--	-----------------------------------	--	------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-5-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		
DATE REC'D BY LOCAL REG. <u>NOV 3 1951</u>	REGISTRAR'S SIGNATURE <u>Jan T. Alrich M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>1221 N. Grand</u>		_____

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 Lawrence Thomas

Licensed Embalmer No. 4755

P. O. Address 12217 Grand

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.