

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9705

FILED MAR 22 1952

BIRTH NO. 87266 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1864

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

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Washington</i>	
b. CITY OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Potosi</i> 1100	
c. LENGTH OF STAY (in this place) <i>1 Day</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis Children's Hospital</i>			
3. NAME OF DECEASED (Type or Print) <i>HARRY FRANCIS BLOUNT</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>2-26-52</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>	8. DATE OF BIRTH <i>12-17-51</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) Months Days Hours Min. <i>2 months</i>
13a. FATHER'S NAME <i>Harry F. Blount</i>		13b. MOTHER'S MAIDEN NAME <i>Estelle Eagle</i>	11. BIRTHPLACE (State or foreign country) <i>Bonne Terre, Missouri</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
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) <i>aspiration</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>congenital neural disease</i> 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	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
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"/>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? <i>75 ft. H</i>	
22. I hereby certify that I attended the deceased from <i>2-15</i> , 1952, to <i>2-26</i> , 1952, that I last saw the deceased alive on <i>2-26</i> , 1952, and that death occurred at <i>6:45 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Carl Smith M.D.</i>		23b. ADDRESS	
23c. DATE SIGNED			
24a. BURIAL, CREMATION REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>2-26-52</i>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <i>Potosi, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>FEB 27 1952</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Albert H. Hoppe, 4700 Washington Blvd.</i>	

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 \_\_\_\_\_

*J Wm Dumble*

Signed.....

Student Embalmer

Licensed Embalmer No. *3653*

P. O. Address *St Louis 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.