

**STANDARD CERTIFICATE OF DEATH**

State File No. **14053**

No. 300  
10-48

**FILED APR 25 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3553**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2179</b>                    |  |
| c. LENGTH OF STAY (in this place)   |  | d. STREET ADDRESS (If rural, give location) <b>17 1919 South Grand Blvd.,</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>                                |  |  |  |

|  |                               |   |  |   |                             |  |
|--|-------------------------------|---|--|---|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Fred</b> b. (Middle) <b>A</b> c. (Last) <b>Blake</b>  |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>April 14, 1952</b> |   |                             |  |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>Dec 17 1880</b>                            | 9. AGE (In years last birthday) <b>71</b>                       | 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) <b>Retired</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>                  |  | 11. BIRTHPLACE (State or foreign country) <b>Richwood, Ohio</b> |                             | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME <b>Adinaron Judson Blake</b> | 13b. MOTHER'S MAIDEN NAME <b>Clothilda Shur</b> | 14. NAME OF HUSBAND OR WIFE <b>Mary C. Blake</b> |
|---|---|--|

|   |   |  |                                 |
|---|---|--|---------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>Nil</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mary C. Blake</b> | ADDRESS <b>1919 South Grand</b> |
|---|---|--|---------------------------------|

|  |   |  |   |               |
|--|---|--|---|---------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><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> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Branchial Pneumonia</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 days</b> |               |
|  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last:<br>DUE TO (b) <b>Hypertensive C.V. Disease</b> |  |   | <b>2 year</b> |
|  | DUE TO (c) <b>Atherosclerosis</b>   |  |   | <b>2 year</b> |
| II. OTHER SIGNIFICANT CONDITIONS<br>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? <b>443X</b> |
|--|--|--|

22. I hereby certify that I attended the deceased from **April 5, 1952, to April 14, 1952**, that I last saw the deceased alive on **April 13, 1952**, and that death occurred at **2:10 AM.**, from the causes and on the date stated above.

|                                    |                                     |                                 |
|------------------------------------|-------------------------------------|---------------------------------|
| 23a. SIGNATURE <b>P. D. Taylor</b> | 23b. ADDRESS <b>4607 Mo. Taylor</b> | 23c. DATE SIGNED <b>4-15-52</b> |
|------------------------------------|-------------------------------------|---------------------------------|

|   |                          |   |  |
|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>4-16-52</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine</b> | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b> |
|---|--------------------------|---|--|

|  |  |                                |
|--|--|--------------------------------|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 15 1952</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Wagoner Mortuary</b> | ADDRESS <b>4911 Washington</b> |
|--|--|--------------------------------|

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

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.