

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED SEP 16 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2337

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write town or township) <u>MILLER NURSING HOME</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MAPLEWOOD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MILLER NURSING HOME 8149 GRAVOIS ROAD.</u>		d. STREET ADDRESS (If rural, give location) <u>7212 LYNDOVER. 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAUD</u>	b. (Middle) <u>BLAISDELL</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>9 6 1952</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Sept 27, 1877</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>19</u>	IF UNDER 48 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES LADY</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DEPT STORE</u>	11. BIRTHPLACE (State or foreign country) <u>FORT WAYNE, INDIANA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>CHARLES BLAISDELL</u>	13b. MOTHER'S MAIDEN NAME <u>AMANDA CRUMBLEY</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. CARL RICE</u>	ADDRESS <u>7212 LYNDOVER P. MAPLEWOOD MO.</u>
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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) <u>Chronic Heart and Kidney Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u>442X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 14, 1952, to Sept. 6, 1952, that I last saw the deceased alive on Sept. 1, 1952, and that death occurred at 12 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Walters M.D.</u>	23b. ADDRESS <u>3608 S. Grand Blvd.,</u>	23c. DATE SIGNED <u>9/8/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL - (D)</u>	24b. DATE <u>SEPT. 9, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SS. PETER & PAUL</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>
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DATE REC'D BY LOCAL REG. <u>9-8-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombek</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Walters</u>	ADDRESS <u>746 MANCHESTER ST. LOUIS 17 MO.</u>
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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 *Benoit J. Man*

Licensed Embalmer No. *4366*

P. O. Address *W. H. King, Jr.*

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.