

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **29788**  
Registrar's No. **7580**

FILED AUG 31 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7580</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>3 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2079</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6315 Amelia Ave</b>				d. STREET ADDRESS (If rural, give location) <b>6315 Amelia Ave</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Mildred</b>		b. (Middle) <b>Elizabeth</b>		c. (Last) <b>Blanchard</b>	
4. DATE OF DEATH <b>August 2 1953</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>March 23 1894</b>		9. AGE (in years last birthday) <b>59</b>		10. MONTHS <b>2</b>		11. DAYS <b>2</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Saleslady</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Famous-Barr Co</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mattoon Ills</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Herman Elbrecht</b>		13b. MOTHER'S MAIDEN NAME <b>Nellie Clare</b>		14. NAME OF HUSBAND OR WIFE <b>Earl W. Blanchard</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Earl W. Blanchard</b> ADDRESS <b>6315 Amelia Ave</b>			
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) <b>coronary occlusion</b>  ANTECEDENT CAUSES <b>hypertension</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>4 hours</b>  <b>10 years</b>	
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) <b>420.1</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>Sept.</b> , 19 <b>48</b> , to <b>Aug.</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Aug 1</b> , 19 <b>53</b> , and that death occurred at <b>6 A.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>H. G. Elbrecht</b>		23b. ADDRESS <b>3 D.C. 4114 Beachwood</b>		23c. DATE SIGNED <b>8-2-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>August 5 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hiram Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Crève Coeur Mo</b>	
DATE REC'D BY LOCAL REG. <b>AUG 4 1953</b>		REGISTRAR'S SIGNATURE <b>Calvin F Feutz</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F Feutz</b> ADDRESS <b>4828 Nat Bridge Blvd</b>			

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

SEP 3 1951

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 Ralph C. Friedman

Licensed Embalmer No. 4275

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.