

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32905

State File No.

318

1003

8829

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
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 _____					
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		2069			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4812 Greer</i>				d. STREET ADDRESS (If rural, give location) <i>6 4812 Greer</i>					
3. NAME OF DECEASED (First) <i>Stanley</i>			b. (Middle) <i>Blaine</i>		c. (Last) _____				
4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 7 1953</i>									
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>		8. DATE OF BIRTH <i>Oct. 8, 1884</i>			
9. AGE (In years last birthday) <i>68</i>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carler</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Blue Jay Cab</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Memphis, Tenn.</i>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <i>James Blaine</i>			13b. MOTHER'S MAIDEN NAME <i>Clara Holdridge</i>		14. NAME OF HUSBAND OR WIFE <i>Alma Blaine</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>497-16-5495</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Harold O'Neil</i>			ADDRESS <i>4288 W. St. Fe</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>				INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>	
				ANTECEDENT CAUSES 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.					
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)					
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? <i>331X</i>					
22. I hereby certify that I attended the deceased from <i>July 6, 1953</i> , to <i>Sept 7, 1953</i> , that I last saw the deceased <i>Sept. 3, 1953</i> and occurred at _____ m., from the causes and on the date stated above.									
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Sept 12, 1953</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis County</i>			
DATE REC'D BY LOCAL REG. <i>SEP 11 1953</i>		REGISTRAR'S SIGNATURE <i>J. Charles Smith M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>E. B. Hoove</i> ADDRESS <i>12217 Grand</i>				

(Licensed Embalmer's Statement on Reverse Side)

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 Crowder

Licensed Embalmer No. *2735*

P. O. Address *1221 N. 4th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.