

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5927**
Registrar's No. **1080**

BIRTH NO. FILED MAR 4 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Louis, Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 2355 South 10th.		23 2238	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Franklin c. (Last) Blake			4. DATE OF DEATH (Month) (Day) (Year) Jan. 31 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 8-28-79	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Jefferson County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME George W. Blake		13b. MOTHER'S MAIDEN NAME Melvina Dodson		14. NAME OF HUSBAND OR WIFE Birdie Deseased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Loyd Blake, 3501 Lemp Ave. St. Louis, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral bronchopneumonia		DUE TO (b) Partial pyloric obstruction				
DUE TO (c) Quodernal ulcer cicatrization		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5411	

22. I hereby certify that I attended the deceased from **Jan 9 1954**, to **Jan 31 1954**, that I last saw the deceased alive on **Jan 31 1954**, and that death occurred at **9:15 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James K. Pitterlich M.D.		23b. ADDRESS 1515 Lafayette		23c. DATE SIGNED 2-1-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-4-1954		24c. NAME OF CEMETERY OR CREMATORY Ware Cemetery	
24d. LOCATION (City, town, or county) (State) Ware, Missouri					

DATE REC'D BY LOCAL REG. FEB 3 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		F. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLAUGHLIN FUNERAL HOME, INC. 2301 Lafayette St. Louis, Mo.	
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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.....
Signature of Student Embalmer

Signed *James R. Chapman*.....

Licensed Embalmer No. *45*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.