

REG.#113164

State File No. ....

FILED FEB 18 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 233

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>	c. LENGTH OF STAY (in this place) <b>150 DAYS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KIRKWOOD #723</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>2015 BRIARGATE</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>HERBERT</b>	b. (Middle) <b>E.</b>	c. (Last) <b>BLAIR</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1-24-54</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>10-25-34</b>	9. AGE (In years last birthday) <b>19 YRS.</b>	If UNDER 1 YEAR Months _____ Days _____	If UNDER 4 WKS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MUSICIAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>ENTERTAINMENT</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>GARDEN CITY, N.Y.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>CLYDE S. BLAIR, JR.</b>	13b. MOTHER'S MAIDEN NAME <b>ETHEL BRINKMEYER</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	16. SOCIAL SECURITY NO. <b>498-34-6391</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>METASTASIS GENERALIZED, MELANOMA</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>MALIGNANT MELANOMA</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? <b>190X</b> 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 8-27-53, 19  , to 1-24-54, 19  , and that death occurred at 7:30a m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. J. Lamb M.D.</i> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>VET. ADM. HOSP., JEFF. BRKS., MO.</b>	23c. DATE SIGNED <b>1-24-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>1/27/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkwood 22 Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1/25/54</b>	REGISTRAR'S SIGNATURE <i>Herbert R. Donke M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Meyer-Pfitzinger</b>	ADDRESS <b>Kirkwood, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48  
1000

**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 William H. Peterson

Licensed Embalmer No. 4918

P. O. Address Kirkwood, 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.