

STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4915

|  |  |   |  |
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| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis |  | c. CITY OR TOWN St. Louis   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital                     |  | e. STREET ADDRESS (If rural, give location) 22 2733 Walnut  | 2229   |

|                                     |                 |             |                   |   |
|-------------------------------------|-----------------|-------------|-------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Esau | b. (Middle) | c. (Last) Blissit | 4. DATE OF DEATH (Month) (Day) (Year) 5 28 54 |
|-------------------------------------|-----------------|-------------|-------------------|---|

|               |                        |   |                                |                                    |                        |                      |                       |                      |
|---------------|------------------------|---|--------------------------------|------------------------------------|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX Male 2 | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED | 8. DATE OF BIRTH March 1, 1924 | 9. AGE (In years last birthday) 30 | 10 UNDER 1 YEAR Months | 10 UNDER 1 YEAR Days | 10 UNDER 1 YEAR Hours | 10 UNDER 1 YEAR Min. |
|---------------|------------------------|---|--------------------------------|------------------------------------|------------------------|----------------------|-----------------------|----------------------|

|   |                                   |   |                                     |
|---|-----------------------------------|---|-------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ? | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|---|-----------------------------------|---|-------------------------------------|

|                                   |  |  |
|-----------------------------------|--|--|
| 13a. FATHER'S NAME Willie Blissit | 13b. MOTHER'S MAIDEN NAME Willie Lewis | 14. NAME OF HUSBAND OR WIFE Florence Blissit |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. NO | 17. INFORMANT'S SIGNATURE OR NAME Address Sallie Blissit 2733 Walnut |
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|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br>Undt. |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hypertension   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. Arteriolar Nephrosclerosis  |   |  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" 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? 445X                 |

22. I hereby certify that I attended the deceased from 5-14, 1954, to 5-28, 1954, that I last saw the deceased alive on 5-28, 1954, and that death occurred at 12:25A m., from the causes and on the date stated above.

|  |                               |                         |
|--|-------------------------------|-------------------------|
| 23a. SIGNATURE (Degree or title) E. B. Williams M.D. | 23b. ADDRESS 2601 N. Whittier | 23c. DATE SIGNED 6-1-54 |
|--|-------------------------------|-------------------------|

|   |                     |  |   |
|---|---------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE June 3/54 | 24c. NAME OF CEMETERY OR CREMATORY Washington Park | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo |
|---|---------------------|--|---|

|                                     |   |  |
|-------------------------------------|---|--|
| DATE REC'D BY LOCAL REG. JUN 3 1954 | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | FUNERAL DIRECTOR'S SIGNATURE F. G. Green 4214 Calman |
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....  
Signature of Student Embalmer

Signed *J. A. Spear* .....

Licensed Embalmer No. *296*  
P. O. Address *4214 S. 1st*

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.