

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **24271**  
Registrar's No. **6804**

FILED AUG 2 - 1954

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **6804**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6804</b>		
1. PLACE OF DEATH a. COUNTY <b>St. Louis Missouri</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURY</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>ST. LOUIS</b>		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: <b>4418 1/2 Cote Brillante</b>				e. STREET ADDRESS (If rural, give location) <b>4418 1/2 Cote Brillante 2119</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>MINNette</b>			b. (Middle) <b>D</b>		c. (Last) <b>BLAKELY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 20 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug 16 1899</b>		9. AGE (In years last birthday) <b>54</b>	# UNDER 1 YEAR Months	# UNDER 4 HRS. Hours	# UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House wife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Venice Ill. MacArthur</b>		12. CITIZEN OF WHAT COUNTRY? <b>yes</b>		
13a. FATHER'S NAME <b>Ernest L. Nelson</b>		13b. MOTHER'S MAIDEN NAME <b>Irma B. Stricklin</b>		14. NAME OF HUSBAND OR WIFE <b>Marshall Blakely</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 ADDRESS <b>Marshall Blakely 4418 Cote Brillante</b>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiovascular Disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>yes</b>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>				<b>2 years</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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>443X</b>				
22. I hereby certify that I attended the deceased from <b>Sept 1897</b> to <b>July 20, 1954</b> , that I last saw the deceased alive on <b>July 20, 1954</b> , and that death occurred at <b>6 p. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>James T. Aldrich M.D.</b>			23b. ADDRESS <b>2607 1/2 Franklin Ave</b>			23c. DATE SIGNED <b>July 21-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>July 23 1954</b>	24c. NAME OF CEMETERY OR CREMATOR <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County</b>			
DATE REC'D BY LOCAL REG. <b>JUL 23 1954</b>		REGISTRAR'S SIGNATURE <b>Charles Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman J. Smith</b>		ADDRESS <b>224 N. 1st St. St. Louis</b>		

(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.....  
Signature of Student Embalmer

Signed *W. Claude Gordon*

Licensed Embalmer No... *34*

P. O. Address *4575*

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.