

FILED DEC 13 1954

STANDARD CERTIFICATE OF DEATH

State File No. 39508
Registrar's No. 2679

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543

2005

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL, and give township) Jennings, Mo.		c. CITY OR TOWN Jennings, Mo.	
c. LENGTH OF STAY (in this place) 5 years		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2209a McLaran Avenue		e. STREET ADDRESS (If rural, give location) 2209a McLaran Avenue,	

3. NAME OF DECEASED (Type or Print) a. (First) Alice	b. (Middle)	c. (Last) Blubaugh	4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1954
--	-------------	---------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 20, 1872	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
----------------------	-------------------------------	---	--	---	------------------------	-----------------------	-----------------------	----------------------

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

13a. FATHER'S NAME Joseph Flook	13b. MOTHER'S MAIDEN NAME Margaret Harvey	14. NAME OF HUSBAND OR WIFE Mr. Justin E. Blubaugh, (Deceased)
--	--	---

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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mr. Lemuel Blubaugh,	ADDRESS 2209a McLaran Ave.
--	--	---	-----------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease:		INTERVAL BETWEEN ONSET AND DEATH
	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 checked="" 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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **1951**, to **11-4-54**, that I last saw the deceased alive on **11-1-54**, 19**54**, and that death occurred at **5:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. Klein (Degree or title)	23b. ADDRESS 5074 N. Union	23c. DATE SIGNED 11-5-54
--	-----------------------------------	---------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) Removal	24b. DATE 11-6 1954	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery,	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
--	----------------------------	---	--

DATE REC'D BY LOCAL REG. 11/5/54	REGISTRAR'S SIGNATURE Herbert R. Amberg	25 FUNERAL DIRECTOR'S SIGNATURE Hath. Hermann & Son Inc.	ADDRESS 2161 E. Fair Ave.
---	--	---	----------------------------------

WRITE PLAINLY—USING UNFAADING 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 *Welford & Beasley*
Licensed Embalmer No. *12*
P. O. Address *Shore*

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.