

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42192**
 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **40863**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Missouri</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i> <i>2069</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Barnes Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>4950 Cote Brillante Ave</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Silas</i> b. (Middle) _____ c. (Last) <i>Blanton</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>11/27/54</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Mar 15 1924</i>	9. AGE (In years last birthday) <i>28</i>	10. MONTHS <i>28</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Natchez Miss</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Silas Blanton</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Curry</i>		14. NAME OF HUSBAND OR WIFE <i>Sederia Blanton</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>426-32-3386</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Sederia Blanton</i> ADDRESS <i>4950 Cote Brillante</i>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Rheumatic Heart Disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>6-8 yrs</i>
		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. <i>Embolus left femoral artery</i>			<i>11-18-54</i>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>4013</i>	

22. I hereby certify that I attended the deceased from 11/18, 1954, to 11/27, 1954, that I last saw the deceased alive on Nov. 27, 1954, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>J. H. Prader</i> M. D.		23b. ADDRESS <i>Barnes Hospital</i>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Dec. 3, 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	
		24d. LOCATION (City, town, or county) <i>St. Louis, County Mo</i>		(State)	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>NOV 29 1954</i> <i>J. Carl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Lloyd Funeral Home</i>		ADDRESS <i>3764 Finney</i>	
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3 p. (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
Student Embalmer

Signed

W. Claude Gordon

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

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.