No. 300
10.46

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

FILED SEP 13 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 28347

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2037

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Madison
c. CITY OR TOWN: East Alton
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 340 E. Haller Dr. 812 8

**3. NAME OF DECEASED** (Type or Print)
a. (First): SHARON
b. (Middle): BLANKENSHIP
c. (Last):

**4. DATE OF DEATH** (Month) (Day) (Year): 8 30 55

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married
**8. DATE OF BIRTH**: June 2, 1938
**9. AGE** (In years last birthday): 17
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Student
**10b. KIND OF BUSINESS OR INDUSTRY**: School
**11. BIRTHPLACE** (City and State or Foreign Country): Alton, Illinois
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: John M. Blankenship
**13b. MOTHER'S MAIDEN NAME**: Alice Treadway
**14. NAME OF HUSBAND OR WIFE**: None

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No.
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: John Blankenship, East Alton, Illinois

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL CONCUSSION SEVERE

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) RT. HEMOPNEUMOTHORAX
DUE TO (c) RUPTURED SPLEEN

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Ladue Ridge Rd. St. Louis Co. Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): Aug. 28 '55 m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: Injuries suffered while a passenger in auto.

22. *I hereby certify that I attended the deceased from* 8-28, 19 55, *to* 8-30, 19 55, *that I last saw the deceased alive on* 8-30, 19 55, *and that death occurred at* 12:15 p m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Robert Lee M.D. (Degree or title)
**23b. ADDRESS** 601 S. Brentwood, Clayton, Mo
**23c. DATE SIGNED** 8/30/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 8-31-55
**24c. NAME OF CEMETERY OR CREMATORY**: Roselawn Mem. Gardens
**24d. LOCATION** (City, town, or county) (State): Bethalto, Illinois

DATE REC'D BY LOCAL REG. 8/31/55
REGISTRAR'S SIGNATURE Herbert B. Frank M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Albert H. Hoppe, 4700 Washington
(Licensed Embalmer's Statement on Reverse Side)

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WRITE PLAINLY—USING UNFADING BLACK INK—

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

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.*

ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Arnold J. Wellmann Coroner (Degree or title)
**23b. ADDRESS**
**23c. DATE SIGNED**

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 8-31-55
**24c. NAME OF CEMETERY OR CREMATORY**: Roselawn Mem. Gardens
**24d. LOCATION** (City, town, or county) (State): Bethalto, Ill.

DATE REC'D BY LOCAL REG. 8/31/55
REGISTRAR'S SIGNATURE Herbert B. Frank M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Albert H. Hoppe, 4700 Washington Blvd.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... Signed:.....
Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... Signed John S. Dennehy
Signature of Student Embalmer

Licensed Embalmer No. 41

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.