

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015543
STATE FILE NUMBER

FILED APR 18 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4009

| | | | |
|--|---------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hosp. | | d. STREET ADDRESS 4451 a Castleman (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First Middle Last NORMAN: BLAKE | | 4. DATE OF DEATH Month Day Year 4/4/58 | |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 4/4/58 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. |
| 13. FATHER'S NAME Robert Blake | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Barbara Blake 4451a Castleman Ave. |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Summertime - 1/6 to 20 who gestated</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Postnatal labor</u> DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH 5 min. Along 24. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 776X | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from <u>4-4-58</u> to <u>4-4-58</u> and last saw him <u>did not see</u> alive on <u>DR. ARRIVED</u> Death occurred at <u>11:47P</u> m on the date stated above; and to the best of my knowledge, from the cause stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Dr. Carl Smith M.D.</u> | | 22b. ADDRESS <u>3923 WATSON ROAD</u> | 22c. DATE SIGNED <u>4-8-58</u> |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal | | 23b. NAME OF CEMETERY OR CREMATORY Mt. Lebanon | 23d. LOCATION (City, town, or county) (State) St. Ann, Mo. |
| 24. FUNERAL DIRECTOR E. J. Schnur 3125 Lafayette Ave. | | 25. DATE RECD. BY LOCAL REG. APR 11 '58 | 26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u> m & B. |

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
 300 1-56
 All deaths in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

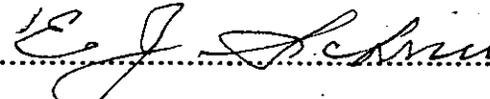
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..

NO~~X~~ EMBALMING

Student.....
Signature of Student Embalmer

Signed..... 

Licensed Embalmer No.

P. O. Address 3125 Lafayette

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