

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022697

STATE FILE NUMBER

6201

FILED JUL 13 1959

Registration District No.

Primary Registration District No.

Registrar No.

300

-57

394

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ENROUTE CITY HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1731 S. NINTH ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First IDA Middle MAY Last BLATTNER			4. DATE OF DEATH Month 6 Day 25 Year 1959
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 5, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE - SEAMSTRESS		10b. KIND OF BUSINESS OR INDUSTRY SEAMSTRESS	9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months 2 Days 18 IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) CAPE GIRARDEAU, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME FRANK Propst		13b. MOTHER'S MAIDEN NAME JULIE SHIRLEY	14. NAME OF HUSBAND OR WIFE Jerry BLATTNER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) NO NONE		16. SOCIAL SECURITY NO.	17. INFORMANT ALfred Shanks Address St. Louis, Mo.
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Sclerosis DUE TO (c) 420.1			INTERVAL BETWEEN ONSET AND DEATH
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"/>
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.)	
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 4:30 P. and last saw her/him alive on 4:30 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Tatrick Taylor Carver (Degree or title) 3		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 6.30.59.
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-29-59	23c. NAME OF CEMETERY OR CREMATORY Morgan Memorial Park	23d. LOCATION (City, town, or county) (State) ADVANCE Mo.
24. FUNERAL DIRECTOR Wm H. Morgan ADDRESS Advance, Mo.		25. DATE RECD. BY LOCAL REC. JUN 30 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D. MTB

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 *Not Embalmed*
W H Morgan

Licensed Embalmer No.

P. O. Address

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.