

MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE - STANDARD-CERTIFICATE OF DEATH

-62-007788-

STATE FILE NUMBER

Filed FEB 16 1962 18 Primary Registration District No. 1003 Registrar's No. 1663

AMENDED

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

|  |   |   |  |  |   |
|--|---|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <i>Mo.</i> b. COUNTY                           |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <i>St. Louis</i>  |   | Length of stay in 1b  | c. CITY OR TOWN <i>St. Louis</i>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <i>5102 Kensington</i>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><i>5102 Kensington</i>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
| 3. NAME OF DECEASED<br>(Type or print)<br><i>Hattie Bledsoe</i>  |   |   | 4. DATE OF DEATH<br>Month <i>Feb</i> Day <i>6</i> Year <i>1962</i>   |  |   |
| 5. SEX<br><i>Female</i>  | 6. COLOR OR RACE<br><i>Negro</i>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><i>2-1-1906</i>  | 9. AGE (last birthday)<br><i>56</i>  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Housewife</i>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><i>None</i>  | 11. BIRTHPLACE (City and state or country)<br><i>corinth, Miss.</i>  |  | 12. CITIZEN OF WHAT COUNTRY<br><i>U.S.A.</i>  |
| 13a. FATHER'S NAME<br><i>Morris Fry</i>  |   | 13b. MOTHER'S MAIDEN NAME<br><i>Amelia Allen</i>  |  | 14. NAME OF HUSBAND OR WIFE<br><i>Eddie J. Bledsoe</i>                       |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or dates of service)<br><i>No</i>  |   | 16. SOCIAL SECURITY NO.<br><i>No</i>  |  | 17. INFORMANT<br>Address<br><i>Eddie J. Bledsoe 5102 Kensington</i>          |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Cancer of stomach; myocardial weakness.</i>   |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>2-4 to 2-6-1962</i>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |   |   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><i>151x</i> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>Month, Day, Year  |   | 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 <i>2-4-62</i> to <i>2-6-62</i> and last saw her alive on <i>2-4-62</i> .<br>Death occurred at <i>10:30</i> A m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |  |   |
| 22a. SIGNATURE<br><i>Robert M. Scott, M.D.</i>   |   |   | 22b. ADDRESS<br><i>3007 Easton, ave.</i>   |  | 22c. DATE SIGNED<br><i>2-8-62</i>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Removal</i>  | 23b. DATE<br><i>12 Feb 1962</i>   | 23c. NAME OF CEMETERY OR CREMATORY<br><i>Greenwood Cemetery</i>   |  | 23d. LOCATION (City, town, or county) (State)<br><i>St. Louis County Mo.</i> |   |
| 24. MUNICIPAL DIRECTOR<br><i>C. J. [Signature]</i>   |   | ADDRESS<br><i>1221 North Grand Blvd.</i>  |  | 25. DATE RECD. BY LOCAL REG.<br><i>FEB 9 1962</i>                            | 26. REGISTRAR'S SIGNATURE<br><i>Paul Smith, M.D.</i>  |

**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 Oliver & Cambell, Student Embalmer No. 682

working under my personal supervision.

Student Oliver & Cambell  
Signature of Student Embalmer

Signed William B. Blackburn

Licensed Embalmer No. 3962

P. O. Address 1221 N. Grand Ave

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.