JAN 26 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41487

File No. 10492

Registered No.

Registration District No. 91

Primary Registration District No. 73

1. PLACE OF DEATH

County St. Louis

Township

City City Hosp (No. ..... St. ..... Ward)

14589 2. FULL NAME Hallie Blanchett (Blanchett)

(a) Residence, No. 1316 S. Edwards St. 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 1924

7. AGE. YEARS 9 MONTHS 1 DAYS 27. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER

13. NAME James Blanchett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

MOTHER

15. MAIDEN NAME Cloud Freeman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT Dorothy Kent (ADDRESS) City Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Calvary DATE Dec 6 1933

19. UNDERTAKER J. H. Gelhen & U. Co (ADDRESS) 4844 Gravois

20. FILED Dec 6 1933 J. Bullock Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-2 1933, to 12-5 1933, I last saw he alive on 12-5 1933. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobar left
LOB
LOB
LOB

Date of onset ?

Other contributory causes of importance: Pericarditis, acute
Empyema

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. F. Quillough, M. D.

(Address) City Hosp

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING