

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1009**
Registrar's No. **1009**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri**
(b) City or town _____
(c) Name of hospital or institution: **City Sanitarium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 yrs. 2 mo. 11 days**
In this community **44 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **ALFRED BLANSITT**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary Glodo** 6. (c) Age of husband or wife if alive **unk** years
7. Birth date of deceased **Sept. 23, 1880**
(Month) (Day) (Year)

8. AGE: Years **59** Months **4** Days **5** If less than one day hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business _____

MOTHER FATHER { 12. Name **Arthur Blansitt**

13. Birthplace **England**
(City, town, or county) (State or foreign country)

14. Maiden name **Mattie McDougall**

15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

(b) Address **City Sanitarium**

17. (a) **BURIAL** (b) Date thereof **FEB 11-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY**

18. (a) Signature of funeral director **W. J. Kelly**

(b) Address **1416 N. Taylor Ave.**

19. (a) **JAN 31 1940** (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **13**
(If outside city or town limits, write "RURAL")
(d) Street No. **2131 E. Prairie Ave.**
5400 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **28**
year **1940** hour **9:50** minute **A.** M.

21. I hereby certify that I attended the deceased from **11-1-39**, 19____ to **1-28-40**, 19____
that I last saw him alive on **1-28-40**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Tabo Paresis (onset 1935x)** Duration _____

Due to **Cirrhosis of Liver (onset 1935x)**

Due to **Subacute Cystitis (onset 1-14-40)**

Catarhal

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **PH**
Of operations _____

Of autopsy **Yes**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **N. J. Dublin M.D.** (M. D. or other) _____

Address **City Sanitarium** Date signed _____

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

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

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

myself

Registered Apprentice No. _____

working under my personal supervision.

Signed

Raymond E. Schurke

City license #180

Licensed Embalmer No. _____

3985

P. O. Address _____

St. Louis, Mo.

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 this body is not embalmed, above space should be left blank.