S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 3170

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38920

Primary Registration District No. 3170

Registrar's No. 2000

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 805 Newport
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 36 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Webster Groves, 7
(If outside city or town limits, write "RURAL")
(d) Street No. 805 Newport 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ethel Gates Blakeman
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Blakeman
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased December 10 1880
(Month) (Day) (Year)

8. AGE: Years 67 | Months 11 | Days 1 | If less than one day hr. min.

9. Birthplace Donnellson (City, town, or county) Ill. (State or foreign country)
10. Usual occupation At-Home
11. Industry or business

MOTHER FATHER
12. Name John J. Gates
13. Birthplace N. Carolina (City, town, or county) (State or foreign country)
14. Maiden name Mary A. Ross
15. Birthplace Donnellson (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Frank Blakeman
(b) Address 805 Newport, Webster Groves
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation California, Mo.
18. (a) Signature of funeral director Parker Und. Co.
(b) Address Webster Groves, Mo
19. (a) 11-13-48 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1948 hour 9 P.M. minute M.
21. I hereby certify that I attended the deceased from 1920, 19..., to Nov 11, 1948, that I last saw her alive on Nov 11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hypocerdetis
Coronary thrombosis
Due to
Due to 932
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work (e) Means of injury D
23. Signature W. Alexander Smith, M. D. or other)
Address Webster Groves Date signed 11-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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_____

_____ Registered Apprentice No._____,

working under my personal supervision.

Signed Julie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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, fact should be so stated above.