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

Do not use this space.

File No. 28142

Registered No. 135

**1. PLACE OF DEATH**

County St Charles — Registration District No. 757

Township — Primary Registration District No. 3036

City St Charles (No. 617 N. Benton ave St. Ward)

**2. FULL NAME** Carl Blohm

(a) Residence. No. 617 N. Benton St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5-1854

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 73 | 6 | 3 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 8 years.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Germany.

PARENTS

10. NAME OF FATHER No History
11. BIRTHPLACE OF FATHER (CITY OR TOWN) No History
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER No History
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No History
(STATE OR COUNTRY)

14. INFORMANT Wm J. Blohm
(Address) St Charles Mo

15. FILED 9-10 1927 Otto Beckemeyer
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 8 1927

17. I HEREBY CERTIFY, That I attended deceased from Prior, 19 Remembrance, 19, that I last saw h. alive on, 19, and that death occurred, on the date stated above, at 8.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93 d (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? History of case
(Signed) Otto B. Olah coroner M. D
, 19 (Address) St Charles, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lutheran Cemetery — DATE OF BURIAL Sep 11 1927

20. UNDERTAKER Hallmeyer & Sons Co — ADDRESS 800 N. 2nd St.

NOTE: 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.