

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

Do not use this space.

12624

791
1003

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No.....
Primary Registration District No.....
(No. St. Johns Hospital)

File No.....
Registered No. 3942
St..... Ward)

2. FULL NAME Ignatius Blechle

(a) Residence. No. 12 St., Crystal City Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 23, 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	63	3	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Glass Blower 79
(b) General nature of industry, business, or establishment in which employed (or employer) Glass Mfr.
(c) Name of employer Pittsburg Plate Glass Co

9. BIRTHPLACE (CITY OR TOWN) Apple Creek
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Dominck Blechle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER H. Srapp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Elizabeth Blechle
(Address) Crystal City Mo.

15. FILED 1931 W. C. Starnes
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28, 1931

17. No physician in attendance
I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at 9:30 a.m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
1867
1940
1928
Bilateral Paralysis below cervical vertebra following fall from tree (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Trimming same at Crystal City Mo. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Accidental

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? (Signature)

(Signed) John H. Curran, M.D.
3/30, 1931 (Address) Crystal City 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 Beasley Mo. DATE OF BURIAL 3/31/31

20. UNDERTAKER Wuester & Vineyard ADDRESS Festus Mo.

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.

