

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

Do not use this space.

14395

**1. PLACE OF DEATH**

County St. Louis Registration District No. 786  
Township Central Primary Registration District No. 4469  
City Maplewood (No. 2645) Laclede St. Ward

File No. \_\_\_\_\_  
Registered No. 20  
St. \_\_\_\_\_ Ward

**2. FULL NAME**

(a) Residence, No. 2640 Laclede Rd. 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Johanna Blush</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 16 1848</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>6</u>
	DAYS <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bartender</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>retired</u>	
	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) <u>Herman Mo</u>		
FATHER	13. NAME <u>John Blush</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Catherine Amann</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>P. L. Sullivan 2649 Breckell Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Ch</u> DATE <u>4-28</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Knieshauser Mortuaries 2228 de Troy Highway</u>		
20. FILED <u>3-27</u> 19 <u>33</u> <u>Mrs. M. Schuster</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-3 1933 to 4-26 1933  
I last saw him alive on 4-25 1933 Death is said to have occurred on the date stated above, at 5:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Cardio-vascular -  
95B  
Date of onset about 1931  
Other contributory causes of importance:  
Suppurative pneumonia 4-22-33

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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? no  
If so, specify \_\_\_\_\_  
(Signed) L. G. Melliker, M. D.  
(Address) 4-9 28 Shaw

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 24 1933

