

JUN 6 1936

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

Do not use this space.

21098

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo (No., Sanitarium St. Ward)

Registration District No. **791**
Primary Registration District No. **1008**

File No.
Registered No. **5305**

2. FULL NAME

Blanche Zilch
(a) Residence, No. 4911 Scholmeier St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
53 — 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundress
10. Date deceased last worked at this occupation (month and year) Apr 1934 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Friedrick Zilch

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT P. C. Sinclair (ADDRESS) City Sanitarium

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 19, 1936

19. UNDERTAKER Cullerane Bros (ADDRESS) 1710 N Grand Blvd

20. FILE MAY 19 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to May 18, 1936
I last saw her alive on May 17, 1936 Death is said to have occurred on the date stated above, at 12⁰⁵ Am.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
anemia following
Chronic Hepatitis

Date of onset July 1935
April 1936

Other contributory causes of importance: 121

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... 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?
If so, specify.....
(Signed) P. C. Sinclair, M. D.
(Address) City Sanitarium

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.

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