

REC'D JUN 7 1938

3  
MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

19597

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 284  
 (b) Township St. Ferdinand Primary Registration District No. 200 Registered No. 857  
 (c) City St. Ferdinand (d) Street No. 6320 N. Duval Bridge Covered Home St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Julia Blank 452

(a) Residence, No. 4859 Heidelberg St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12-38 1938

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

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938, to May 12, 19386. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15th 1874

I last saw her alive on May 5, 1938. Death is said to have occurred on the date stated above, 3:10 A.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
63 10 27

The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis, arteriosclerosis, stenosis

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

Date of onset  
9/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis 0

Other contributory causes of importance:

Chronic fecal fistula in right lower abdominal quadrant

13. NAME Rock 5

Name of operation abscess, R.L. abdominal Date of Nov 27, 1937  
gastro-clinical

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

What test confirmed diagnosis? clinical Was there an autopsy? No

15. MAIDEN NAME Not known

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)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Albert Blank  
(ADDRESS) 4859 Heidelberg

Manner of injury None  
 Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE New St. Marcus DATE 5/14/38 193824. Was disease or injury in any way related to occupation of deceased? No19. FUNERAL DIRECTOR J. L. Ziegenhein & Sons  
(ADDRESS) 7027 Gravois Ave.

If so, specify \_\_\_\_\_ (Signed) John R. Daly, M. D.  
 (Address) 3718 Jennings Road  
St. Louis, Mo.

20. FILED 5-13 1938 R. Meyer M. J. Dell  
 Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Clarence P. Kidwell, Licensed Embalmer No. 3877

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself.

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Clarence P. Kidwell  
Licensed Embalmer No. 3877

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**