

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

30427
 Do not use this space.

REC'D OCT 12 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **3001 Sidney St.** Registered No. **7864**
 (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 **Joseph A. Blaha**

(a) Residence, No. **3001 Sidney St.** St. **17**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 4, 1938**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Blaha**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 2** 1938, to **Sept 4** 1938
 I last saw him alive on **Sept 3** 1938 Death is said to have occurred on the date stated above, at **6:30a.**
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 14, 1867**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 5 20

Date of onset

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

Acute Myocarditis, 9 weeks to 6 months caused by chronic myocarditis
Death resulted from original cause
 Other contributory causes of importance:
Myocard Reg 13 12 yrs

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

FATHER 13. NAME **Albert Blaha**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Czecho-Slovakia**

MOTHER 15. MAIDEN NAME **Josephine Peroutka**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Czecho-Slovakia**

17. INFORMANT (ADDRESS) **Mary Blaha**
3001 Sidney St.

18. BURIAL, CREMATION, OR REMOVAL PLACE **SS. Peter & Paul** DATE **Sept. 7 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Wm. C. Moydell**
1926 Allen Ave.

20. FILED **SEP - 6 1938** **J. F. Biedich** Local Registrar.

Name of operation..... Date of.....
 What test confirmed diagnosis? **Lat** Was there an autopsy? **No**

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) **Albert F. Bina**, M. D.
 (Address) **1541 S. 12th**

Every entry on this form should be carefully checked. 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Benj. C. Duncan

or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Benj. C. Duncan

Licensed Embalmer No. 2271

P. O. Address 1926 Allen Av

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

If this body is not embalmed, above space should be left blank.