

REC'D APR 12 1939

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

9016
Do not use this space.

791
1003

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 1
 (b) Township St. Louis Primary Registration District No. 1 Registered No. 2781
 (c) City St. Louis (d) Street No. St. James Hosp 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 Richard H. Blanke
 (a) Residence, No. #7454 Byron Plc. St. NR Clayton, Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Hazel J. Blanke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 - 1867

7. AGE YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>71</u>	<u>2</u>	<u>23</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blanke

9. Industry or business in which work was done, as saw mill, bank, etc. Coffee Co.

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) Marion, Ill.

FATHER

13. NAME Frederick G. Blanke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Caroline Ortengren

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

17. INFORMANT Mrs Hazel J. Blanke
(ADDRESS) #7454 Byron Plc.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue DATE 3/25-39

19. FUNERAL DIRECTOR (NAME) C. R. Pustent-Sant
(ADDRESS) #7322

20. FILED MAR 24 1939 J. F. Beck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1939, to Feb. 23, 1939
 I last saw him alive on 3-23, 1939 Death is said to have occurred on the date stated above, at 7:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary occlusion
 Date of onset _____

Other contributory causes of importance:
Myocardia

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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? No
 If so, specify _____
 (Signed) D. A. McMahon, Jr., M.D. M. D.
 (Address) Mo. Theater Bldg. - St. Louis

(Licensed Embalmer's Statement on Reverse Side)

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

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2-1
50M-9-1-33
I X1695

Mr. Coates or Mr. Call.
Dr. John Hoop.
12 noon.

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

Signed Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis

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.