

APR 10 1939

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

10354  
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125  
(b) Township II Primary Registration District No. 3009  
(c) City Cape Girardeau (d) Street No. 109 South Hanover 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 Henry Albert Blank

(a) Residence, No. 109 South Hanover 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

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 Clara Bank

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 2 16

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cape Girardeau (STATE OR COUNTRY) Mo.

13. NAME William Blank

14. BIRTHPLACE (CITY OR TOWN) Cape County, (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Gusta Ueleke

16. BIRTHPLACE (CITY OR TOWN) Cape County (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs Clara Blank (ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cemt. DATE March 5 1939

19. FUNERAL DIRECTOR (NAME) L. L. Haman (ADDRESS) Cape Girardeau, Mo.

20. FILED 3-2-39 J. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to March 2 1939  
Last saw him alive on March 1 1939. Death is said to have occurred on the date stated above, at 3:30A.m.  
The principal cause of death and related causes of importance were as follows:

Hypertension  
Arterial Sclerosis  
Angine Pectoris

Date of onset  
1-1-35  
1-1-35  
3-2-37

Other contributory causes of importance: GHW

Name of operation None 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? No  
If so, specify \_\_\_\_\_  
(Signed) P. C. Ritter M. D.  
(Address) Cape Girardeau, Mo.

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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**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

*L. L. Haiman*

Licensed Embalmer No. *2863*

P. O. Address.....

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

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