

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

13253
 Do not use this space.
 3595

REC'D MAY 10 1939

1. PLACE OF DEATH
 (a) County Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City or St. Louis, Mo. (d) Street No. City Sanitarium St.
 (e) Length of residence in city or town where death occurred 57 yrs. 10 mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Minnie Blase
 (a) Residence, No. 5038 Genevieve Ave. St. 7
 (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 Female 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 Louis Blase

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 10 10

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation

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

FATHER
 13. NAME Herman Huelskaetter

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

MOTHER
 15. MAIDEN NAME Unknown

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

17. INFORMANT Louis Blase
 (ADDRESS) 5038 Genevieve Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park DATE April 19, 1939

19. FUNERAL DIRECTOR (NAME) Suedmeyer & Sons
 (ADDRESS) 3934 N. 20th Street

20. FILED APR 18 1939 J. D. Budzak Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16/39 19

22. I HEREBY CERTIFY That I attended deceased from July 1, 1938 19..... to April 16, 1939 19.....

I last saw her alive on April 16, 1939 Death is said to have occurred on the date stated above, at 2:37 P. M.
 The principal cause of death and related causes of importance were as follows:

General Paralysis of the Insane Date of onset July 1930

Other contributory causes of importance:

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 Henry C. General M. D.
 (Signed) Henry C. General (Address) 5300 Arsenal St.

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.

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.....

Geo P Schubert

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Geo P Schubert

Licensed Embalmer No. *2212*

P. O. Address *518⁹⁷ W. Fungshighway*

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.