

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

**17307**  
Do not use this space.

1. PLACE OF DEATH **REC'D JUN 1, 1939**

(a) County..... 2 Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No..... **4841**  
 (c) City ST. LOUIS or..... (d) Street No. 4523 Lexington AVE 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 64 yrs. 9 mos. 27 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM F. BLANKE

(a) Residence, No. 4523 LEXINGTON St. 10 (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 AGNES BLANKE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 30, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hra. or .....min.
	<u>64</u>	<u>9</u>	<u>27</u>	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) NOV 1937 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS (STATE OR COUNTRY) MISSOURI

FATHER

13. NAME LOUIS BLANKE 6

14. BIRTHPLACE (CITY OR TOWN) UNK. 6 (STATE OR COUNTRY) GERMANY

MOTHER

15. MAIDEN NAME MARIE BORMAN

16. BIRTHPLACE (CITY OR TOWN) UNK. 6 (STATE OR COUNTRY) GERMANY

17. INFORMANT AGNES BLANKE (ADDRESS) 4523 LEXINGTON

18. BURIAL, CREMATION, OR REMOVAL PLACE BETHANY CEM DATE MAY 29, 1939

19. FUNERAL DIRECTOR (NAME) SUEDMEYER & SONS (ADDRESS) 3934 N. 20TH ST.

20. FILED MAY 28, 1939 J. D. Rudick Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1938 to May 27 1939  
 I last saw him alive on May 24 1939. Death is said to have occurred on the date stated above, at 6:05 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma Larynx Date of onset 1923

Other contributory causes of importance

Name of operation Laryngectomy Date of 1923  
 What test confirmed diagnosis? operation 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) Louis Byars, M. D.  
 (Address) 400 Macpherson Bldg

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. F. Schubert....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Geo. F. Schubert.....

Licensed Embalmer No. 2212

P. O. Address 5118 N. Kingshigh

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.