DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D SEP 14 1939

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27785

Primary Registration District No.

Registrar's No. 7285

1003

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS, MO 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1429 SALISBURY ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community LIFE.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO 1 (b) County

(c) City or town ST. LOUIS 26
(If outside city or town limits, write "RURAL")

(d) Street No. 1429 SALISBURY ST.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? LIFE (70 years.)

3. (a) PRINT FULL NAME CAROLINE BLECKE. 420

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JUNE (Month) 14th (Day) 1869 (Year)

8. AGE: Years 70 Months 2 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) GERMANY (State or foreign country) 6

10. Usual occupation HOUSEWORK AT HOME. 6

11. Industry or business —

FATHER
12. Name FREDERICK BLECKE 6
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name CAROLINE DORRETH
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant's own signature Arthur F Richter
(b) Address 6210 Sexton Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/39 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Biederwieden Funeral Home
(b) Address 1936 St. Louis Ave.

19. (a) AUG 22 1939 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 21
year 1939 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 7, 1939 ~~Aug 21~~, 1939, to Aug 21, 1939, that I last saw her alive on Aug 19, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Multiple Myeloma	6 Months
Due to Primary site unknown probably right humerus just	
Due to before shoulder joint	
Other conditions Asthenia (Include pregnancy within 3 months of death)	1 Month

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature O. E. Tjoflat (TJOFLAT) (M. D. or other)
Address 4218 N. Grand Blvd Date signed 8-21-39.

(Licensed Embalmer's Statement on Reverse Side)

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.

X19511

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.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

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.