DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D SEP 14 1939

Registration District No. 1003

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27792

Primary Registration District No.

Registrar's No. 7292

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16-days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.

(b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1405 Pine St.
(If rural, give location)

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

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3. (a) PRINT FULL NAME John G. Bluthardt

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife Mary Bluthardt

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Dec. (Month) 8 (Day) 1875 (Year)

8. AGE: Years 63 | Months 8 | Days 13 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired Plumber

11. Industry or business Plumbing

MOTHER FATHER

12. Name John G. Bluthardt

13. Birthplace (City, town, or county) Germany (State or foreign country)

14. Maiden name Amanda Stuart

15. Birthplace Memphis (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant's own signature Mary Bluthardt

(b) Address 1405 Pine St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-39 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) AUG 23 1939 (Date received by local registrar) (b) J. E. Buchek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21 year 1939 hour 7 minute 15 p. M.

21. I hereby certify that I attended the deceased from August 17, 1939, to August 21, 1939; that I last saw h~~im~~ alive on August 21, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Infarct	
Due to:	
Due to:	
Other conditions: Carcinoma of Colon (Include pregnancy within 3 months of death)	

Major findings: Of operations: Obstruction of Colon - due to Carcinoma

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 Henry A. Harrell (M. D. or other)

Address 607 N. Grand Date signed 8/22/39

(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 OCUPATION is very important.

WHITE PAPER—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I 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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 3840 Lindell

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.