

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8038

FILED OCT 25 1940

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:
4626 Rosa Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Anna Bleines

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William F. Bleines 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 11th 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>6</u>	<u>15</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Daniel J. Murphy

18. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Fitzgerald

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

16. (a) Informant William F. Bleiner

(b) Address 4626 Rosa Ave.

17. (a) Burial (b) Date thereof 9-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 28 1940 (b) [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")
(d) Street No. 4626 Rosa Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th
year 1940 hour 7:35 minute A.M. M.

21. I hereby certify that I attended the deceased from Aug. 27 1940 to Sept 26 1940
that I last saw her alive on Sept. 26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death chronic
arteriosclerosis
& auricular fibrillation

Due to Heart Disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations No

Of autopsy No

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? _____

23. (a) Signature [Signature] (Specify type of place) _____
(e) Means of injury _____

23. Signature [Signature] (M. D. _____)
Address 4700 Graves Date signed 9/26/40

Duration 1 mo
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. J. Backler
4700 A Gravois Ave. 2-4

File: 00-70

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 *Edward M. Bernatt*

Licensed Embalmer No. *3024*

P. O. Address.....

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.