

NOV 16 1940 791
Registration District No.

Primary Registration District No. 1003

Registrar's No.

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

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: St. Lukes Hospital
(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 Blanche K. Fortmann

3. (b) If veteran, name war _____

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Edward H. Fortmann 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 28 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

52 2 5 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 Nicolas Carey

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

14. Maiden name Louise Werber

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

16. (a) Informant E. W. Fortmann

(b) Address 6239 Lithia Ave.

17. (a) Burial (b) Date thereof 10-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) OCT 4 1940 (b) J. S. [Signature]
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Pine Lawn (Rural) NR
(If outside city or town limits, write "RURAL")

(d) Street No. 6239 Lithia Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3 year 1940 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from Sept 30, 1940 to Oct. 3, 1940 that I last saw her alive on Oct. 2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Symplicite Leucemia
Due to _____

Due to _____

Other condition: Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

Duration 1 yr

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other) _____

Address 6122 Page Blvd Date signed 10/3/40

61222
3-4 P
11-13AM
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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 Warren A. Carver

Licensed Embalmer No. 3534

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, fact should be so stated above.