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No. 2  
-11-10-39  
-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37303

State File No. \_\_\_\_\_

791

1003

Registrar's No. 9576

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

FILED DEC 11 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: City Hospital No. 1.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Weeks  
(Specify whether)

In this community 50 Years  
years, months or days

3. (a) PRINT FULL NAME Fred Blinzig

8. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Blinzig

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

7. Birth date of deceased: December 5, 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>11</u>	<u>15</u>	_____ hr. _____ min.

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

10. Usual occupation Retired Baker

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant William Blinzig

(b) Address 5133 Greer Ave.,

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof Nov. 23, 1940  
(Month), (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Wm. F. Pascheda, Jr.

(b) Address 2825 N. Grand Blvd.

19. (a) NOV 22 1940  
(Date received local registration)

(b) [Signature]  
(Embalmer's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 3503 A N. Market St.,  
(If rural, give location)

(e) If foreign born, how long in U. S. A? 60 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th  
year 1940 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from October 24, 1940, to November 20, 1940  
that I last saw him alive on November 20, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Removal of abdomen (pancreatic carcinoma)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 53

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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, industrial place, in public place? \_\_\_\_\_

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

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address 1515 Lafayette Ave., Date signed 11/22/40

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

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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.....

*Gay W. Wilkin*

Licensed Embalmer No. 3575

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.**