

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4231
Registrar's No. 76

Registration District No. 784

Primary Registration District No. 106

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
116 S. Harrison 9
(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. (b) County St. Louis 96
(c) City or town Valley Park, R.R. #1 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Manchester, Mo.
(If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Michael Blanner

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Elizabeth Blanner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April II 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 9 2 hr. min.

9. Birthplace Manchester Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farmer

12. Name Ahart Blanner

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unkn 9

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

16. (a) Informant Joseph Blanner

(b) Address 116 S. Harrison, Kirkwood

17. (a) Burial (b) Date thereof Jan 15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Josephs Cemetery

18. (a) Signature of funeral director Louis N. Duggins

(b) Address 131 W. Jefferson, St. Louis, Mo.

19. (a) JAN 13 1941 (b) J. R. Meyers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 13 1941 to Jan 12 1941
that I last saw him alive on Jan 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 3

Due to 93 W

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 E. E. Barnett (M. D. or other) D
Address 243 W. Jefferson, St. Louis, Mo. Date signed 1-13-41

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

96
4
3

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 *Racine & Bopp*

Licensed Embalmer No. *3042*

P. O. Address *Clayton Mo.*

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.