

S. No. 2  
(-1-4-41  
5-17-39  
P1 X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16728

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

Registration District No. 7911 Primary Registration District No. \_\_\_\_\_ Registrar's No. 4246

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: Christian Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 Hours  
(Specify whether  
In this community Birth  
years, months or days)

3. (a) PRINT FULL NAME John Joseph Blasko  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 19, 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 11 hr. 0 min.

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

10. Usual occupation None

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

MOTHER FATHER { 12. Name John Blasko  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Sophia Wendt  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant John Blasko  
(b) Address 634a Carrie Ave

17. (a) Burial (b) Date thereof 5/21/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery  
Math Hermann & Son

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 2161 East Fair Ave

19. (a) MAY 21 1941 (b) J. Budeck  
(Date of issue) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1003  
(a) State Missouri (b) County 600  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 911  
(d) Street No. 634a Carrie Ave (If rural, give location) 9  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 19th  
year 1941 hour 10:50 PM minute \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from May 19 1941 to May 19 1941  
that I last saw him alive on May 19 1941  
and that death occurred on the date and hour stated above. 1941

Immediate cause of death Prematurity. Duration 7 months.

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

Other conditions (Include pregnancy within 3 months of death) 159

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

Of autopsy Dilated Ventricle, web brain, Enlarged Spleen

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 O. E. Lippat (M. D. or other) X  
Address 4218 N. Grand Date signed 5-20-41

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

799

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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.....

Licensed Embalmer No. *2967*

P. O. Address *St. Louis, 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, fact should be so stated above.**