

0, 2
4-41
7-39
X26390

Registration District No. 780

Primary Registration District No. 109

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2201 Blendon Pl.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Maplewood Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 2201 Blendon Pl.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA E BLOCK.

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1941 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes Duration _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 31 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>10</u>	<u>22</u>	<u>hr. — min.</u>

Due to Chronic myocarditis.

Due to 93A

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

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

10. Usual occupation unemployed

11. Industry or business _____

12. Name John H. Block

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

14. Maiden name Caroline Block

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

16. (a) Informant Ella K. Block

(b) Address 2201 Blendon Pl.

17. (a) Cremation (b) Date thereof 6-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valkalla

18. (a) Signature of funeral director Baumman

(b) Address 2504 Woodson rd.

19. (a) JUN 24 1941 (b) R Meyer M.D.
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy Yes

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? _____

23. Signature Louis H. Boyd (Specify type of place) (Means of injury)
(M. D. or other)

Address Kirkwood, Mo. Date signed 6/23/41

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

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 Oscar J. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Park

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.