

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

23542

State File No.

AUG 29 1941
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5894

00
17
9.
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:
4444 Beck Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days 1 (Specify whether)

3. (a) PRINT FULL NAME Louisa Block
3. (b) If veteran, name war.....
3. (c) Social Security No. none

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife John Block
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. Sept. 26 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 21
If less than one day
..... hr. min.

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

10. Usual occupation Hwk.

11. Industry or business at home

MOTHER FATHER { 12. Name Henry Thamer
13. Birthplace Germany 4 (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany 4 (State or foreign country)

16. (a) Informant John Block
(b) Address 4469 Chippewa

17. (a) Burial (b) Date thereof 8-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Kriegshauser Und.
(b) Address 4228 S. Kingshighway Blvd.

19. (a) JUL 18 1941 (b) J. Thamer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4444 Beck
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1941 hour 2: minute 00 P.A.M.

21. I hereby certify that I attended the deceased from July 17, 1941
9 to July 17, 1941
that I last saw h^e alive on July 17, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 8 days
Due to.....
Due to.....

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

Major findings:
Of operations 82
Of autopsy.....
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 J. Thamer (M. D. or other)
Address 4924 S. Franklin Date signed 7/18/41

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 Edwin M. Bernath
Licensed Embalmer No. 3024

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.