

No. 2  
-13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23734

State File No. 6076

FILED AUG 28 1941 791  
Registration District No.

Primary Registration District No. 1003

Registrar's No.

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:  
5050 a Pernod  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 58 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000  
17  
9  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis 14  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5050a Pernod  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 58 0  
years.

3. (a) PRINT FULL NAME Anna Bleke  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 24  
year 1941 hour 11 minute 45 A. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Charles L. Bleke  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct. 19 1862  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March - 1941 to 7/24 1941;  
that I last saw her alive on 7/15/41 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 9 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic Myocarditis Duration 1 mo / 41  
Due to Arteriosclerosis plus  
Anterior section of JZ

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

Other conditions Generalized Arteriosclerosis Mar / 41  
(Include pregnancy within 3 months of death) plus

10. Usual occupation Housewife

11. Industry or business at home

Major findings:  
Of operations none  
Of autopsy no  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Charles Dierkes  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John McDermott  
(b) Address 5050a Pernod

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 7-26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Old S.S. Peter & Paul

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

23. Signature Hubert J. Smith (M. D. or other) \_\_\_\_\_  
Address 5205 S. Chaffee Dr. Date signed 7/25/41

19. (a) JUL 25 1941 (b) J. T. Bredek  
(Date received local registrar) (Registrar's signature)

**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

*Edmund A. McNamee*

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.**