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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37236

Primary Registration District No. 1003

Registrar's No. 9466

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: 2113 Desoto Ave. 1
(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

2. USUAL RESIDENCE OF DECEASED: 100

(a) State Mo. (b) County 19

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2113 Desoto Ave. 6
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Louis Henry Blanke

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Julia Blanke

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Jan. (Month) 13 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
66	10	14	hr. min.

9. Birthplace (City, town, or county) Mo. 12 (State or foreign country)

10. Usual occupation Postal Clerk

11. Industry or business U.S. Post Office

FATHER
12. Name Frederick Blanke 1
13. Birthplace (City, town, or county) Germany 1 (State or foreign country)

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

16. (a) Informant Mrs. Laura Blanke
(b) Address 2113 Desoto Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) NOV 29 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27 year 1941 hour 1:40 minute P. 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.

	Duration
Immediate cause of death: Arteriosclerosis Coronary Sclerosis	
Due to: a	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 0 H	
Major findings: Of operations: 0 H	
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? (Specify type of place)
While at work? (e) Means of injury 3

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 11/29/41

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 1942

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.....Albert A. Thompson Jr.

Licensed Embalmer No.....4237

P. O. Address.....

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.