

S. No. 2
M-9-4-41
v. 5-17-39

22172

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 29 1942

Registration District No. 773

Primary Registration District No. 4464

Registrar's No. 69

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital # 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 11 mo. 19 da.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 94
(c) City or town St. Louis 4
(If outside city or town limits, write "RURAL")
(d) Street No. 2629a Hebert St 1
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Julia Blatner

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Walter Blattner 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Nov. 3 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 4 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name John W. Moeller
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Carolina Niekamp
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Blattner

(b) Address

17. (a) Burial (b) Date thereof 6-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newpickers Cem. Drehmann-Harral

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1906 Union Blvd.

19. (a) June 19, 1942 (b) Byrdie Bukhmaster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1942 hour 10:20 minute P. M.

21. I hereby certify that I attended the deceased from 6-18, 1942, to June 7, 1942.
that I last saw her alive on 6-7, 1942.
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis
Duration 6 yrs

Due to 97
Due to

Other conditions Psychosis with cerebral arteriosclerosis
(Include pregnancy within 6 months of death)

Major findings: Arteriosclerosis
Of operations
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) (c) Means of injury

23. Signature Paul Schrad (M. D. or other) Mo.
Address Farmington, Mo. Date signed 7-18-42

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

1196

(Licensed Embalmer's Statement on Reverse Side)

Pa

RECEIVED

District Health Officer No. 4
District File Number 642-824
Date Filed 6-22-42

JUN 29 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 Warren A. Carver
Licensed Embalmer No. 3534
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.