

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 21 1943

Registration District No. 317

Primary Registration District No. 3067

Registrar's No. 2071

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St Marys Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 weeks (Specify whether years, months or days)

In this community 50 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

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

(d) Street No. 2041 E Grand (If rural, give location)

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

3. (a) PRINT FULL NAME Hortense E Bliss

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Floyd 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb 14 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>7</u>	<u>9</u>hr.min.

9. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Private Home

MOTHER FATHER { 12. Name Francis Lugon

13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace ? 9
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Bliss

(b) Address 327 S. LaSalle, Chicago Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/43
(Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home

(b) Address 9222 Lackland Overland Mo

19. (a) SEP 15 1943 (Date received local registrar) (b) E. G. McCarrahan (Registrar's signature) Z.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1943 hour _____ minute 8:10 A.M.

21. I hereby certify that I attended the deceased from 3/9/43 to 9/12/43 that I last saw her alive on 9/12/43 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis & Atrophy Brain - Hypertension
Due to Hypostatic Pneumonia Bilateral Cordis
Due to Vascular Disease Choleli Thiasis
Other conditions Cerebral Atrophy
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations 12.6
Of autopsy Some above

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) _____ (Specify means of injury)
23. Signature James J. Hadden (Physician) D. or other _____
Address 2006 No. North St. St. Louis signed 9/14/43

NOV 29 1948

OCT 7 1943

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.....

Al. C. Ortman

Licensed Embalmer No.....

3478

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.