

FILED MAR 6 3 1948

1003

Registrar's No. 2026

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hosp # 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Anton Bluet
also: B. Bush

3. (b) If veteran, name war _____ No. _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased ant 1897
(Month) (Day) (Year)

8. AGE: Years 53 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER

12. Name Anton Bluet

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

14. Maiden name Anton Bluet

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

16. (a) Informant J. J. Ferguson

(b) Address 1300 Clark

17. (a) Date of death 9-4-48
(Burial, cremation, or removal) (Date) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. H. ...

(b) Address 3550 Ridgely

19. (a) FEB 26 (Date received local registrar)

(b) J. J. Braddock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County 17

(c) City or town St. Louis 925
(If outside city or town limits, write "RURAL")

(d) Street No. 112^c No 6th St
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1944 hour 4 minute 00 A.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.

Immediate cause of death:
Labor Pregnancy
Chronic Pulmonary Nephritis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 108

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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 3

23. Signature Alfred Perry (M. D. or other)

Address St. Louis Date signed 2/14

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

44

75844

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.....

Licensed Embalmer No.....

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.