

S. No. 2
DM-2-43
v. 5-17-39
X33697

29049
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22840
State File No. _____
Registrar's No. 6932

FILED AUG 14 1944
318

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 17
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4810 Hamburg
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marion Bliggenstorfer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month AUG. day 6th
year 1944 hour 1 minute 45 A. M.
21. I hereby certify that I attended the deceased from 6/15/44
19 44 to Aug. 6th 19 44
that I last saw her alive on Aug. 6th 19 44
and that death occurred on the date and hour stated above.

4. Sex F 5. Color W 6. (a) Single, widowed, married, divorced M
4. (b) Name of husband or wife John Jacob 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Jan 4 1877
(Month) (Day) (Year)

Immediate cause of death Senile Dementia
Due to _____
Due to _____
Other conditions Senile Psychosis
(Include pregnancy within 3 months of death)

8. AGE: Years 67 Months 3 Days 2 If less than one day _____ hr. _____ min.
9. Birthplace Virginia (City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

10. Usual occupation at home
11. Industry or business _____
12. Name not known
13. Birthplace " " " " _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace not known _____
(City, town, or county) (State or foreign country)
16. (a) Informant John J Bliggenstorfer
(b) Address 4810 Hamburg
17. (a) Burial (b) Date thereof Aug 9/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Margaret's Church
18. (a) Signature of funeral director John J. Ziegler
(b) Address 7877 Marshall Ave
19. (a) AUG 6 (b) J. F. Bredeck
(Date received for recording) (Registrar's signature)

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)
Means of injury _____
23. Signature W. J. Wade (M. D. or other) _____
Address 1513 Lafayette Date signed 8/7/44

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

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Travis

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.