No. 2
1—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42358

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2984

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 10/21/45 (Specify whether
In this community 51 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County - 6-0-0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5736 Page Blvd. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Sam BLEICH

3. (b) If veteran, name war World I

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rose Bleich

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased November (Month) 14 (Day) 1893 (Year)

8. AGE: Years 52 Months 1 Days 17 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 4 (State or foreign country)

10. Usual occupation City Fireman

11. Industry or business St. Louis Fire Department

FATHER
12. Name Morris Bleich
13. Birthplace (City, town, or county) Austria 4 (State or foreign country)

MOTHER
14. Maiden name Ida Schneider
15. Birthplace (City, town, or county) Austria 11 (State or foreign country)

16. (a) Informant Clinical Records, Veterans Admin.
(b) Address Hospital, Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation B'nai Amoona Cem.

18. (a) Signature of funeral director H. Rindskopf
(b) Address 5216 Delmar

19. (a) 1-3-46 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31
year 1945 hour 9:56 minute A. M.

21. I hereby certify that I attended the deceased from October 21, 1945 to December 31, 1945;
that I last saw him alive on December 31, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ALZHEIMER'S DISEASE (Pre-senile Dementia)	Unknown
Due to -	
Due to -	
Other conditions Generalized Arteriosclerosis (Include pregnancy within 3 months of death)	Unknown

97

Major findings:
Of operations None
Of autopsy See cause of death

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) No
(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

23. Signature Harvey E. Sisk (M. D. or other)
HARVEY E. SISK, Major, M.C.,
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 12/31/45

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1946

JAN 23 1946

OCT 17 1946

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 H. S. Burgess

Licensed Embalmer No. 4029

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.