

S. No. 2
DM-5-43
v. 5-17-39
v. 1 X36671

FILED JUN 29 1946
318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5245

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6114 Westminster Blvd.
(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 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6114 Westminster Blvd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marie Alvina Blattner.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julius Blattner. 6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased May 23 1863
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day
83 0 18 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name George Ernst Leyh.

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

14. Maiden name Caroline F. Koch.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Lillian Seidel.

(b) Address 1116 Dolman.

17. (a) Burial (b) Date thereof 6-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) JUN 12 1946 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1946 hour 11:00 minute 2 A. M.

21. I hereby certify that I attended the deceased from June 1 1946 to June 11 1946
that I last saw her alive on June 11 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____
Chronic Myocarditis 2 yr
Due to _____
Chronic Nephritis 3 yr
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
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? _____

(Specify type of place) _____
While at work? _____ Means of injury _____

23. Signature R. M. Jarabek (M. D. or other)
Address 427 Metropolitan Bldg Date signed 6-13-46

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

MOTHER, FATHER

Mept. Bldg/

JE 4141

Hrs 1 to 3 P.M.

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.....

Raymond L. Morris

Licensed Embalmer No. *4330*

P. O. Address *Maplewood Mo*

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.