

S. No. 2
M-5-43
7-5-17-39
I X36671

State File No.

FILED SEP 31 1946

100

Registrar's No. 7293

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:
Masonic Home of Missouri 5
(If not in hospital or institution, write street number or location)

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

In this community..... 7 yrs 7 Mos.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis

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

(d) Street No..... 5351 Delmar
(If rural, give location)

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

3. (a) PRINT FULL NAME..... Joseph Basil Blazer

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

4. Sex..... M 5. Color or race..... W

6. (a) Single, widowed, married, divorced..... S 0

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

7. Birth date of deceased..... October 31 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1946 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 19 37 to August 25 19 46
that I last saw him alive on August 25 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocarditis

Duration.....
2 Mo.

8. AGE: Years Months Days If less than one day

79 9 25 hr. min.

Due to.....
Cirrhosis of Liver

Duration.....
6 Mo.

9. Birthplace..... Marshal Town, Iowa
(City, town, or county) (State or foreign country)

Due to.....

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

124

10. Usual occupation..... Farmer

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name..... Joseph Reed Blazer

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

14. Maiden name..... Mary Ann Anderson

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

16. (a) Informant..... Iva Hirsch

(b) Address..... 5351 Delmar Blvd. St. Louis

17. (a) Burial (b) Date thereof..... 8-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Valhalla

18. (a) Signature of funeral director..... Alvin E. Smith

(b) Address..... 675 Delmar

19. (a) AUG 26 1946 (b) J. F. Pudeck
(Date received local registrar) (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) (e) Means of injury..... 0

25. Signature..... Alvin E. Smith M. D. or other.....
Address..... 5351 Delmar Blvd Date signed 8-26-46

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

27201

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 *Thomas R. Demoyik*

Licensed Embalmer No. *3793*

P. O. Address *6175 Delmar*

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.