

**FILED** AUG 28 1946  
Registration District No. 319

Primary Registration District No. 4469

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

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE  
(b) City or town STE. GENEVIEVE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community LIFE  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE  
(c) City or town STE. GENEVIEVE  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ODILE P. BLECKLER  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month AUG day 8  
year 1946 hour 1 minute 55 P.M.

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife MARTIN BLECKLER 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased OCT 2 1862  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1 1946  
to Aug 8 1946  
that I last saw her alive on Aug 8  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
83 10 6 hr. \_\_\_\_\_ min.

Immediate cause of death Chronic Myocarditis  
Duration 3 yrs.

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

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

10. Usual occupation AT HOME

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

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

MOTHER FATHER { 12. Name FELIX MORICE  
13. Birthplace STE. GENEVIEVE MO  
(City, town, or county) (State or foreign country)  
14. Maiden name ELENORE LA ROSE  
15. Birthplace BLOOMSDALE MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Ruch

(b) Address St. Genevieve Mo

17. (a) BURIAL (b) Date thereof 8-11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STE. GENEVIEVE MO

18. (a) Signature of funeral director J. C. Baker

(b) Address St. Genevieve Mo

19. (a) Aug. 12-46 (b) Queen M. Karl  
(Date received local registrar) (Registrator'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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
.While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Thomas E. Heiman (M. D. or other) M.D.  
Address St. Genevieve Mo Date signed 8-8-46

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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 Lea C. Bosh

Licensed Embalmer No. 1985

P. O. Address St. Lawrence 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.**