

FILED JAN 7 1947  
318

Registration District No. \_\_\_\_\_  
Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis Mo.  
 (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: 3925 Cornmeiert  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME A. ROSALIND BLEECK  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 2 26 1871  
 (Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 2  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation School Teacher

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

MOTHER FATHER {  
 12. Name Oregan W. Bleest 4  
 13. Birthplace Germany (State or foreign country)  
 14. Maiden name Augusta Hammelstein  
 15. Birthplace Washington Mo. (State or foreign country)

16. (a) Informant Alma Bleest  
 (b) Address 3925 Cornmeiert st.

17. (a) Burial (b) Date thereof 12 30 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director W. Wedemuller  
 (b) Address 6203 W. Morgan ave

19. (a) DEC 30 1946 (Date received local registrar)  
J. J. Bleest (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
 (c) City or town St. Louis Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3925 Cornmeiert  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27  
 year 1946 hour 9:35 minute \_\_\_\_\_ M  
 21. I hereby certify that I attended the deceased from Dec 27  
 1946, to Dec 27 1946  
 that I last saw h. alive on Dec 27 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uterine carcinoma due to malignancy  
 Duration \_\_\_\_\_  
 Due to Uterine malignancy  
 Due to \_\_\_\_\_

Other conditions was blind from glaucoma  
 (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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature W. Wedemuller (M.D. or other)  
 Address 3844 W. Morgan Ave Date signed 12/28/46

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

40959

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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..... *Henry M. Brummer* .....

Licensed Embalmer No..... *4200* .....

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.**