

FILED JAN 28 1947
ST. LOUIS, MO

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

612

Registration District No. 4430

Primary Registration District No.

5302-5306

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cole
(b) City or town RURAL--R.F.D. Centertown, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D.#1, Centertown, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 92 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 1123 West Main Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Blochberger

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 28 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 5 23 hr. min.

9. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name John Blochberger
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Slauser
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lela Barthel
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Jan-22-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Shop J Gordon

(b) Address Jefferson City, Missouri

19. (a) Jan. 23 (b) Mrs. Mamie Kittermeyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1947 hour 12:15 minute A M.

21. I hereby certify that I attended the deceased from 1939
to Jan 1947
that I last saw him alive on Jan 11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary heart disease
arteriosclerosis
Due to hypertensive cardiac
vascular disease

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Dean A Taylor (M. D. or other) M.D.
Address Jefferson City Date signed Jan 22 47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

206

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 27 1947

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 *Ernest Howard Jones Jr.*
Licensed Embalmer No. *4411*
P. O. Address *Jefferson City*

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.