

No. 2
12-45
5-17-39
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FILED FEB 3 1947

Registration District No. **318** Primary Registration District No. **1005**

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

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:
5719 Southwest Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community _____
Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME ADALBERT BLOSS

3. (b) If veteran, name war NO

3. (c) Social Security No. 489-01-3223

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Bloss

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 8 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>8</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation Machineist

11. Industry or business _____

MOTHER FATHER { 12. Name Adolph Bloss

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

14. Maiden name Wilhelmina Leverenz

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

16. (a) Informant Gerhard Bloss

(b) Address _____

17. (a) Burial (b) Date thereof Jan 23 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director C. Hoffmeister Colonial

(b) Address 6464 Chippewa St.

19. (a) JAN 22 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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. 5719 Southwest Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day about 19th
year 1947 hour Unknown minute 0.56 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

Mort (Specify type of place)

While at work? _____ (c) Means of injury 3

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed 1/23/47

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

Harry J. Schenck

Licensed Embalmer No. *2679*

P. O. Address. *7814 S. Broadway*

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.