

FILED APR 4 1947

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 44

1. PLACE OF DEATH:  
 (a) County St Charles  
 (b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
326 Jackson Street  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
 in this community \_\_\_\_\_  
(Month) (Day) (Year)

(a) PRINT FULL NAME Mrs. Louise Blase  
 (b) If veteran, name war None  
 3. (c) Social Security No. None

Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife August F. Blase  
 6. (c) Age of husband or wife if alive 79 years  
 Birth date of deceased June 23, 1868  
(Month) (Day) (Year)

7. AGE: Years Months Days If less than one day  
78 8 17 \_\_\_\_\_ hr. \_\_\_\_\_ min.

8. Birthplace St. Charles County, Missouri  
(City, town, or county) (State or foreign country)

9. Usual occupation Retired

10. Industry or business \_\_\_\_\_

12. Name Henry H. Schmiemeier

13. Birthplace St. Charles County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Marie Kuhlmann

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

(a) Informant Theo. Blase

(b) Address St. Charles, Mo.

(a) Burial (b) Date thereof Mar. 12, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

(a) Signature of funeral director Haeflman - Dan

(b) Address 326 N. 6th., St. Charles, Mo.

(a) 3-29-47 Thomas Hamstra  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Charles 92  
 (c) City or town St. Charles 9  
(If outside city or town limits, write "RURAL") 2  
 (d) Street No. 326 Jackson Street  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10  
 year 1947 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 27th, 1947 to Mar. 10th, 1947  
 that I last saw her alive on March 9th, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral hemorrhage 10 days  
 Due to \_\_\_\_\_  
Gen. Arterio sclerosis  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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?  
(Specify type of place) (e) Means of injury  
 While at work? \_\_\_\_\_  
 23. Signature J.P. Erich Schulz, M.D. (M.D. or other)  
 Address St. Charles, Mo. Date signed 3/11/47

