. S. No. 2
DM—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39445

FILED NOV 28 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10568

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5503 Vernon Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5503 Vernon Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Block
3. (b) If veteran, name war No
3. (c) Social Security No.

4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Edna L. Block
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased October (Month) 17 (Day) 1875 (Year)

8. AGE: Years 72 Months 0 Days 28 If less than one day hr. min.

9. Birthplace Jerseyville, Ills. (City, town, or county) (State or foreign country)
10. Usual occupation Attorney at Law
11. Industry or business

MOTHER FATHER
12. Name Phillip Block
13. Birthplace Austria (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna L. Block
(b) Address 5503 Vernon Avenue
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-19-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery
18. (a) Signature of funeral director Alexander Bono
(b) Address 6175 Delmar
19. (a) NOV 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16 year 1947 hour 6: minute 45 A. M.

21. I hereby certify that I attended the deceased from Oct 1-48 to Nov 16 1948 that I last saw him alive on Nov 16 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Arthritis of Spine — Duration 6 yrs
Due to — Duration
Due to — Duration
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations — Duration
Of autopsy

PHYSICIAN
Underline the cause of 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)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Mueller.
4114 W. Flaxat. Av.
GO. 2783
Hours 12 - 8 P.M.

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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

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.