No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44603

FILED NOV 25 1947

Registration District No. 3 67

Primary Registration District No. 6076

Registrar's No. ~~2298~~ 2309

1. PLACE OF DEATH:

(a) County ~~ST. CLAIR~~ ST. LOUIS

(b) City or town BALLWIN MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: PINE CREST HOME FOR AGED
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 WKS. (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILL. (b) County ST. CLAIR

(c) City or town E. ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3005 JEFFERSON ST
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME ERNEST BLASE

3. (b) If veteran, name war NO

3. (c) Social Security No. 489-14-2937A

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife LENA HEURMAN

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

7. Birth date of deceased SEPT. (Month) 28, (Day) 1867 (Year)

8. AGE: Years 80 | Months 1 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

10. Usual occupation CABINET MAKER

11. Industry or business " "

FATHER
12. Name UNKNOWN
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Ernest Blase
(b) Address 3005 Jefferson St

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 11-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation VALLAHA

18. (a) Signature of funeral director Nell Nalsh Barnes
(b) Address 1416 St Louis ave

19. (a) 11-12-47 (Date received local registrar) (b) Ceula J. Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month NOV. day 9th year 1947 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from OCTOBER 15, 1947, to OCTOBER 19, 1947, that I last saw him alive on OCT. 19, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CHRONIC ARTERIO-SCLEROTIC MYOCARDITIS	
Due to CHRONIC ARTERIO-SCLEROSIS	
Due to 131	
Other conditions NEPHRO-SCLEROSIS (Include pregnancy within 3 months of death)	

Major findings:
Of operations NONE
Of autopsy NONE

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)
While at work? ____ (e) Means of injury ____

23. Signature Wm Santanella (M. D. or other)
Address 5907 State St. Est Louis, Ill Date signed 11/10/47

(Licensed Embalmer's Statement on Reverse Side)

MAY 2 6 1948

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.....

Licensed Embalmer No.....

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.