

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20788  
State File No. 5067

FILED JUL 5 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b> c. LENGTH OF STAY (In this place) <b>Life</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3402a Montana St.</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b> d. STREET ADDRESS (If rural, give location) <b>3402a Montana St.</b>	
<b>3. NAME OF DECEASED</b> a. (First) <b>Caroline</b> b. (Middle) <b>---</b> c. (Last) <b>Blatz</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 10, 1949.</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Jan. 27, 1870</b>
<b>9. AGE</b> (In years last birthday) <b>79</b>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>At home</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____
<b>11. BIRTHPLACE</b> (State or foreign country) <b>Herman, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Peter Neumann</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Caroline Hatt</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Lorenz Blatz</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Herbert H. Blatz 3402a Montana St.</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma thyroid &amp; Metastases to Neck &amp; Mediastinum</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21. INTERVAL BETWEEN ONSET AND DEATH</b> <b>7 hrs.</b>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>552</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>194X</b>	
<b>22. I hereby certify that I attended the deceased from 11/2, 1948, to 6/9, 1949, that I last saw the deceased alive on 2/21, 1948, and that death occurred at 4:45 A.M., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>Charles J. Nolan M.D.</b>		<b>23b. ADDRESS</b> <b>607 1/2 Grand</b>	
<b>23c. DATE SIGNED</b> <b>6/10/49</b>		<b>23d. DATE OF OPERATION</b> _____	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>June 13, 1949</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Resurrection Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Missouri.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>JUN 10 1949</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. B. Lanahan</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Gebken-Benz Mortuary 2842 Meramec St.</b>	

**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 ME

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Joe S. Benz*  
4249

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_  
2842 Meramec St.  
P. O. Address St. Louis, 18, Missouri

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.