S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

SEP 22 1949

State File No. 32499

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2195

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baden Station
c. LENGTH OF STAY (in this place): 412 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Hall Ferry Memorial Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Baden Sta.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis County
d. STREET ADDRESS (If rural, give location): 2115 Kappel Dr.

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3. NAME OF DECEASED (Type or Print)
a. (First): Felix
b. (Middle):
c. (Last): Bloethner

4. DATE OF DEATH (Month) (Day) (Year): Sept. 11 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 2 1874
9. AGE (In years last birthday): 75 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Metal Patern
10b. KIND OF BUSINESS OR INDUSTRY: Maker
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Herman Bloethner
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 493-02-2040
17. INFORMANT'S SIGNATURE OR NAME: Herman Bloethner **ADDRESS**: 4018 Shenandoah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Apoplexy — Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-1, 1949, *to* 9-11, 1949, *that I last saw the deceased alive on* 9-11, 1949, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Shaver M.D.
23b. ADDRESS: Fundell Trust Bldg
23c. DATE SIGNED: 9-12-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-14-49
24c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cem.
24d. LOCATION (City, town, or county) (State): St. Louis County

DATE REC'D BY LOCAL REG.: 9-15-49
REGISTRAR'S SIGNATURE: Herbert C. Wendelsdorf
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Wm. Schumacher 3013 Meramec St.

(Licensed Embalmer's Statement on Reverse Side)

J-43
Dr. Willis Shaver
2739 N. Grand. JE-4271

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 .....
....., Student Embalmer No. .....,
working under my personal supervision.

Student .....
Student Embalmer

Signed Gustav W. Dietrich
Licensed Embalmer No. 4329
P. O. Address St. Louis, Mo

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.