No. 300
10.48

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21381

BIRTH NO. #108840 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5080

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

0

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis,Mo.
c. LENGTH OF STAY (in this place): 16
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis 2169
d. STREET ADDRESS (If rural, give location): 3525 Osage Ave., 0

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

4. DATE OF DEATH (Month) (Day) (Year): June 9th,1950

5. SEX: Male C
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 10th, ~~1867~~ 1868
9. AGE (In years last birthday): 81 ~~82~~
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): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Switzerland 5
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Hartman Bliggenstorfer
13b. MOTHER'S MAIDEN NAME: Elizabeth unknown
14. NAME OF HUSBAND OR WIFE: Agatha Bliggenstorfer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Agatha Bliggenstorfer
ADDRESS: 3525 Osage

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): Carcinoma of Rectum
INTERVAL BETWEEN ONSET AND DEATH: 6 months

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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? 1574

22. *I hereby certify that I attended the deceased from* 5/17/50, 19__, *to* 6/9/50, 19__, *that I last saw the deceased alive on* 6/9/50, 19__, *and that death occurred at* 6:26am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Pennington Md.
23b. ADDRESS: 1515 Lafayette Ave.,
23c. DATE SIGNED: 6/9/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: St. Marcus Cemetery
24d. LOCATION (City, town, or county) (State): St.Louis,Missouri.

DATE REC'D BY LOCAL REG.: JUN 9 1950
REGISTRAR'S SIGNATURE: Jn B Lasater
25. FUNERAL-DIRECTOR'S SIGNATURE ADDRESS: Collinsville,Illinois

(Licensed Embalmer's Statement on Reverse Side)

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 not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed [illegible]

Signed.....
Student Embalmer

Licensed Embalmer No. 3577

P. O. Address Collinsville Ill

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 21381

State of Mo
County of St Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 27th day of June, 1950, before me appears Agatha Bliggenstorfer, who, upon her oath, states that the original record of ~~birth~~ death for John Bliggenstorfer, ~~born~~ died June 9, 19 50, in the State of Missouri, and which was filed at Colonia Mo on 6/9, 1950, should be corrected as follows:

Item No. 8 should read July-10-1868

Instead of July-10-1867

Item No. 9 should read 81

Instead of 82

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Agatha Bliggenstorfer Widow
Relationship.

3525 Osage Ave. St Louis Mo
Present Address.

Subscribed and sworn to before me this 27th day of June, 1950

My Commission expires 2/16/51

Notary Public.

Affidavits containing erasures will not be accepted: draw one line through error and write above it.

V. S. 135
M—8-43
I X37817