

FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11106

BIRTH NO. 11506 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 696

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton 4000	
c. LENGTH OF STAY (In this place) 5 weeks		d. STREET ADDRESS (If rural, give location) R.R. #14, Box 820	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Jane	b. (Middle) Marie	c. (Last) Block	4. DATE OF DEATH (Month) (Day) (Year) March 14, 1952
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Feb. 7, 1952	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 7	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Richmond Heights, Mo.	12. CITIZEN OF WHAT COUNTRY? America
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13a. FATHER'S NAME Anthony Block	13b. MOTHER'S MAIDEN NAME Veronica Schlecht	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Anthony Block	ADDRESS Affton, Mo.
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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, asthma, etc.; it means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cause unknown</u> 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 75% X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-7, 1952, to 3-14, 1952, that I last saw the deceased alive on 3-14, 1952, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Chester P. Lyntwiler MD	(Degree or title)	23b. ADDRESS 3211 S. Grand Ave	23c. DATE SIGNED 3-15-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/15/52	24c. NAME OF CEMETERY OR CREMATORY St. Paul's	24d. LOCATION (City, town, or county) (State) Fenton Mo.
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DATE REC'D BY LOCAL REG. 3-15-52	REGISTRAR'S SIGNATURE Herbert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger	ADDRESS Fenton, Mo.
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50 (Licensed Embalmer's Statement on Reverse Side)

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

1005

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 William H. Pittenger

Licensed Embalmer/No. 4316

P. O. Address Kutervoog, 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.