

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25585

State File No.

DEAD JUL 31 1952

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

Registrar's No. 6829

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 28 yrs.		d. STREET ADDRESS (If rural, give location) 10 4137 Camellia Avenue (15)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) S.	
		c. (Last) Blau.	
		4. DATE OF DEATH July 13, 1952.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 5, 1884.
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown Althaus.		13b. MOTHER'S MAIDEN NAME Unknown Koch.	
		14. NAME OF HUSBAND OR WIFE Henry Blau.	
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.	
		17. INFORMANT'S SIGNATURE OR NAME Mr. Karl O. Blau.	
		ADDRESS 4137 Camellia Avenue.	
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.		<p>MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis Arteriosclerosis</i></p> <p>ANTECEDENT CAUSES (b) <i>Apoplexy.</i></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) 4/221	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 5, 1952, to July 13, 1952, that I last saw the deceased alive on July 13, 1952, and that death occurred at 8:30 A.M., from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS 4143 rd N. Newstead St. St. Louis, Mo.	
		23c. DATE SIGNED July 14, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Remove at		24b. DATE July 16, 1952	
		24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.	
DATE REC'D BY LOCAL REG. JUL 15 1952		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H.Inc. 1936 St. Louis Avenue.	

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

