

STANDARD CERTIFICATE OF DEATH

FILED NOV 10 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 90

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

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Perryville, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Perryville</u>	
c. LENGTH OF STAY (In this place) <u>2 Years</u>		d. STREET ADDRESS (If rural, give location) <u>214 E.N. Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dodd's Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cecilia</u> b. (Middle) <u>Blechle</u> c. (Last) <u>Blechle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 23, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>November 17, 1867</u>		9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	
11. BIRTHPLACE (State or foreign country) <u>Perry County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME <u>Dominic Blechle</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Trapp</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Blechle, Biehle, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u>					
		DUE TO (c) <u>Diabetes mellitus</u>					
II. OTHER SIGNIFICANT CONDITIONS		<u>Shwartz</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10-17</u> , <u>1952</u> , to <u>10-23</u> , <u>1952</u> , that I last saw the deceased alive on <u>10-22</u> , <u>1952</u> , and that death occurred at <u>2:30 Am.</u> , from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) <u>Will W. ...</u>		23b. ADDRESS <u>Perryville Mo</u>		23c. DATE SIGNED <u>10/24/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>October 25, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Maurus Catholic Cemetery, Biehle, Mo.</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert Bey, Perryville, Mo</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Oct 24-52</u> <u>Joe J. ...</u>		250			

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, _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Albert Bay

Licensed Embalmer No. 3866

P. O. Address Ferrisville, 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.