

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7267

State File No. ....

BIRTH NO. **FILED MAR 5 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **524**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2224</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Ballwin</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>2 Mo 1 da</b>		d. STREET ADDRESS (If rural, give location) <b>912a LaSalle</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Pine Crest Nursing Home</b>			

3. NAME OF DECEASED a. (First) <b>Jared</b> b. (Middle) <b>PI</b> c. (Last) <b>Blattner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-27-54</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Oct 14 1897</b>		9. AGE (In years last birthday) <b>56 Yrs.</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dockman</b>	
11. BIRTHPLACE (State or foreign country) <b>Nebraska /</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dockman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Trucking</b>			

13a. FATHER'S NAME <b>Frank Blattner</b>		13b. MOTHER'S MAIDEN NAME <b>Bertha Depe</b>		14. NAME OF HUSBAND OR WIFE <b>Ida May Blattner</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>493 18 5572</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ida May Blattner 912a LaSalle</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Hypertensive cardiac vascular disease.</b>		2 yr	
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 <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) <b>443x</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **Dec. 53**, 19**53**, to **Fep. 25, 54**, 19**54**, that I last saw the deceased alive on **Fep. 25, 54**, and that death occurred at **4:05P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>Kirkwood 22, Missouri</b>		23c. DATE SIGNED <b>3-1-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Mar 2 54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>			

DATE REC'D BY LOCAL REG. <b>3-1-54</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dombke</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E.J. Schnur 3125 Lafayette</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11/10/17

**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 *Thomas R. Penwick*

Licensed Embalmer No. *3793*

P. O. Address *3125 Lafayette*

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.