

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41834**  
Registrar's No. **11001**

FILED JAN 11 1956

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>11001</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>ST. LOUIS</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>Affton</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>9304 McKenzie Rd.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Peter J.</b> b. (Middle) _____ c. (Last) <b>Bleitz</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 14, 1955</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>Jan. 9, 1895</b>		
9. AGE (In years last birthday) <b>60</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner, Asphalt Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John Bleitz</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Thomas</b>		14. NAME OF HUSBAND OR WIFE <b>Elfrieda Bleitz</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>unk</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Elfrieda Bleitz</b> ADDRESS <b>9304 McKenzie</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure</b> <b>Carcinoma of Intestines</b> <b>Carcinoma of Prostate</b> <b>Carcinoma of Bladder</b> 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. <b>Pulmonary infarction</b> <b>Pulmonary infarct</b>					INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b> <b>3 mos</b> <b>24 hrs</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Coc of Intestines, Bladder</b>					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) _____				
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 <b>Aug. 4, 1955</b> , to <b>Dec. 14, 1955</b> , that I last saw the deceased alive on <b>12-14, 1955</b> and that death occurred at <b>217 1/2 St. Louis, Mo.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Frank G. Zingale M.D.</b> (Degree or title) _____				23b. ADDRESS <b>16 Hampton Village</b>		23c. DATE SIGNED <b>12-15-55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-19-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lakewood Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>DEC 15 1955</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>		ADDRESS <b>6322 S. Grand Blvd., St. Louis, Mo.</b>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Frank G. Zingale—M.D.

DR. F. ZINGALE

~~16 HAMPTON~~

Baird 9800p

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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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 1495

P. O. Address St. Lau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.