URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 12 1960

-60-024331

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6599

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5515 Itaska St.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5515 Itaska St.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: ALMA Middle: I. Last: BLEECK

4. DATE OF DEATH: Month: JUNE Day: 28 Year: 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1-17-1873

9. AGE (last birthday): 87

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher(Retired)

10b. KIND OF BUSINESS OR INDUSTRY: St. Louis School System

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Bleeck

13b. MOTHER'S MAIDEN NAME: Augusta Hammerstein

14. NAME OF HUSBAND OR WIFE: ---------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Address: Mrs. Anton Thomas 5515 Itaska St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Hemorrhage	2 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Generalized Arteriosclerosis	10 yrs
DUE TO (c)	Diabetes Mellitus	15 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 260 x

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 12 1958, to June 28, 1960 and last saw her/him alive on June 26, 1960

Death occurred at 10:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John Larner, MD (Degree or title)

22b. ADDRESS: 4401 Hampton

22c. DATE SIGNED: 6-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 2, 1960

23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS: Kriegshauser 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.: JUN 29 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.