

AUG 18 1927

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

22278

## 1. PLACE OF DEATH

County St. CharlesRegistration District No. 757Township St. CharlesPrimary Registration District No. 3096City St. Charles(No. St. Joseph's Hospital)

File No. \_\_\_\_\_

Registered No. 112

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Roman Blessner

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Caroline Treasney

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 4 - 1894

## 7. AGE

33

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

St. Charles

(STATE OR COUNTRY)

Mo

## 10. NAME OF FATHER

William Blessner

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Black Walnut

(STATE OR COUNTRY)

Mo

## 12. MAIDEN NAME OF MOTHER

Julia Schumann

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St. Charles County

(STATE OR COUNTRY)

Mo

## 14.

INFORMANT Louise Treasney  
(Address) St. Charles Mo

## 15.

Filed 7-12, 1927Otto Beckmeyer

REGISTRAR

## 3 MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 11<sup>th</sup> 1927

## 17.

I HEREBY CERTIFY, That I attended deceased from July 7, 1927, to July 11, 1927that I last saw him alive on July 10<sup>th</sup>, 1927, and that death occurred, on the date stated above, at 3:50 A.M.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

General Peritonitis171 A  
179 A

(duration) yrs. mos. ds.

## CONTRIBUTORY (SECONDARY)

Perforated, GangrenousAppendicitis

(duration) yrs. mos. ds.

## 18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yesDATE OF July 7 - 1927WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Vincent A. Schuster, M. D., 19 (Address) St. Charles, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

## DATE OF BURIAL

Richard Faine Cemetery July 13 1927

## 20. UNDERTAKER

## ADDRESS

H. S. Allen Meyer & Sons 60 500 N. 2<sup>nd</sup> St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

