

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

Do not use this space.

28786

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 7339 Virginia Ave)
 Registered No. **8329** St. Ward)

2. FULL NAME

(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. ds. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 | 2 | 9 | —

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) Locomotive Engineer
 (c) Name of employer Mo. Pac RR

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Christ Blocher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Stannard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

14. INFORMANT George Blocher
 (Address) 7339 Virginia

15. SEP 19 1927 FILED Miss C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 16 1927

17. I HEREBY CERTIFY, That I attended deceased from 6/15 1925 to 9/16 1927
 that I last saw him alive on 9/16 1927, and that death occurred, on the date stated above, at 9:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Bright's Disease
131

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Unknown
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
1210
 IS NOT AT PLACE OF DEATH.

0 DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) C. R. Hawbert M. D.

9/7, 1927 (Address) 7219 Michigan
 *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 Old St. Marcus DATE OF BURIAL Sept 20 1927

20. UNDERTAKER W. A. Hoopes ADDRESS 7814 So. Bay

THIS IS A PERMANENT RECORD

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.

