WRITE PLAINLY, WITH UNFADING INK---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.

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

Do not use this space.

14910

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 3815

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. 8561 North Broadway St. ..... Ward)

2. FULL NAME Oscar L. Blatter

(a) Residence. No. 8561 North Broadway St. 8 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Amelia A. Blatter

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 29, 1883

7. AGE: Years 45; Months ..... Days 6; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Employe American Brewery
(b) General nature of industry, business, or establishment in which employed (or employer): Labor
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Milwaukee
(STATE OR COUNTRY): Wis.

PARENTS
10. NAME OF FATHER: Christian Blatter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Sophie Fritz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Amelia A. Blatter
(Address): 8561 North Broadway

15. FILED: 5-6, 19.. Max C. Starkeff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 4 1928

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1928, to April 4, 1928 that I last saw him alive on April 4, 1928, and that death occurred, on the date stated above, at 8:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic myocarditis - 107

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 906

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) F. J. Hellbung, M.D.

, 19 (Address) 8321 No Broadway

*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: Friedens
DATE OF BURIAL: Apr. 7 1928

20. UNDERTAKER: Math. Hermann and Son
ADDRESS: 4108 West Florissant Ave