

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

Do not use this space.
15246

~~44379~~

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No. 3603)

Registration District No. 791
Primary Registration District No. 1002
Marcus Ave

File No.....
Registered No. 4174
St..... Ward.....

2. FULL NAME

Gladys Marie Blattner
(a) Residence. No. 3603 Marcus Ave. 6 Ward.
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Roland Blattner

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

12. MAIDEN NAME OF MOTHER Clara Godwin

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

14. INFORMANT Roland Blattner
(Address) 3603 Marcus Ave.

15. FILED APR 17 1928 Max E. Stankoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15 1928

17. I HEREBY CERTIFY That I attended deceased from April 15th 1928 to April 15th 1928 that I last saw him alive on April 15th 1928 and that death occurred, on the date stated above, at 4:50 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute enteritis
119B
11B

(duration) yrs. mos. ds. 2 da.
CONTRIBUTORY (SECONDARY) La Grippe
(duration) yrs. mos. ds. 5 da.

18. WHERE WAS DISEASE CONTRACTED? 1136
IF NOT AT PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH? no DATE OF.....

19. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) Joseph David M. D.
(Address) Century Bldg

*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 St Peters DATE OF BURIAL April 17 1928

20. UNDERTAKER Hy Leidner and Co ADDRESS 1417 N. Market

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.

