

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

Do not use this space.

9038

1. PLACE OF DEATH

County..... Registration District No. 101
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. Northwestern Hotel)

File No.
Registered No. 2754
St. Ward)

2. FULL NAME Mary F. Blankenmeister

(a) Residence. No. 4919 Nat. Bridge Ave., St. 7 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. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 28 1929

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

17. I HEREBY CERTIFY That I attended deceased from July, 1924 to July 28, 1929 that I last saw h. w. alive on July 28, 1929, and that death occurred, on the date stated above, at 11:30 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27 - 1852

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
	76	8	1	

mitral valve disease & chronic myocarditis
(duration) 5 yrs. 1 mos. 1 da.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

CONTRIBUTORY (SECONDARY) Pulmonary edema (terminal)
(duration) 1 yrs. 1 mos. 2 da.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 901 W. 13th

10. NAME OF FATHER Reinhardt Elsner

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

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

WHAT TEST CONFIRMED DIAGNOSIS?.....
(Signed) Halter Blast, M. D.
March 1, 1929 (Address) 6635 Selmer St.

12. MAIDEN NAME OF MOTHER Don't know

*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.

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

14. INFORMANT A. H. Kaunmuller
(Address) 4919 Nat. Bridge Ave.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine DATE OF BURIAL Mar 4 1929

15. FILED 144R - 2 1328 M. C. Standiford
REGISTRAR

20. UNDERTAKER Hoy Leidner and Co. N. Market 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.

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