

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

Do not use this space.  
16708  
#82-9  
File No. \_\_\_\_\_  
Registered No. ~~14588~~  
St. \_\_\_\_\_ Ward) ~~15730~~

1. PLACE OF DEATH  
County St. Louis  
Township St. Louis  
City St. Louis

Registration District No. 781  
Primary Registration District No. 1003

2. FULL NAME Mary A. Blechle  
(a) Residence. No. 1839 S 14 St. 22 Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

(If nonresident, give city or town and State)  
How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
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 Hugo J. Blechle  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1878  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. about 50

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)

10. NAME OF FATHER William Raming

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

12. MAIDEN NAME OF MOTHER Mary Coopman

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

14. INFORMANT Hugo J. Raming  
(Address) 1839 S 14 St.

15. FILED APR 27 1929 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1929  
17. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1929, to April 26, 1929, that I last saw her alive on April 26, 1929, and that death occurred, on the date stated above, at 10/30/19 m.  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Coronary Embolism 94  
Coronary Atherosclerosis  
Solitary Cyst Lung  
CONTRIBUTORY (SECONDARY) Duple

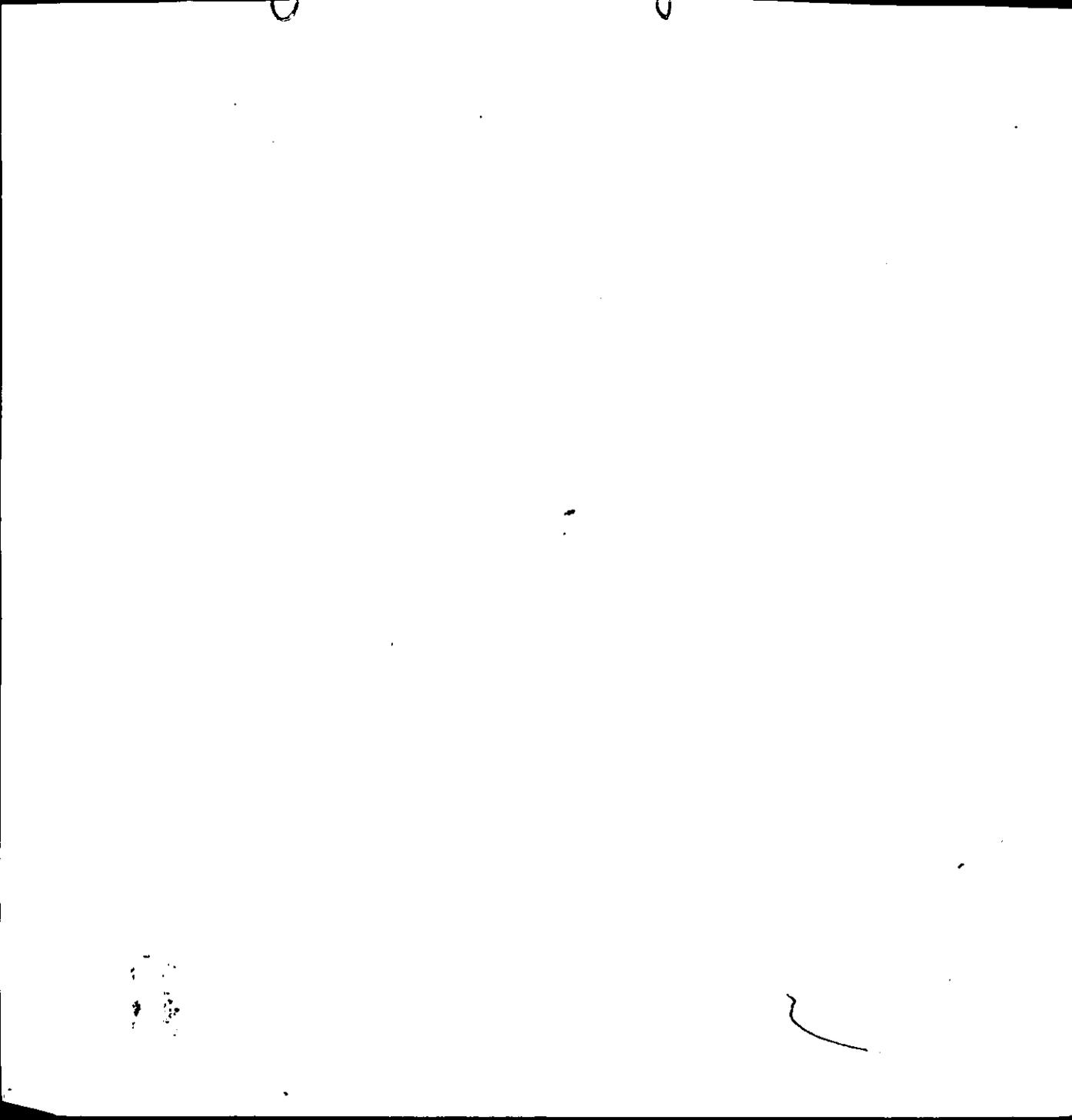
18. WHERE WAS DISEASE CONTRACTED Illinois  
IF NOT AT PLACE OF BIRTH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? Yes DATE OF \_\_\_\_\_ 4/24/29  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) \_\_\_\_\_ M. D.  
4/26/29 (Address) University Blvd 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 Calvary DATE OF BURIAL Apr. 29, 29

20. UNDERTAKER St. B. May dell ADDRESS 1926 Allen



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1170 File No. 15930<sup>a</sup> 16708  
 Township \_\_\_\_\_ Primary Registration District No. 624818 Registered No. 224<sup>a</sup>  
 City Richmond Heights St. Mary Infirmary St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Marya A. Blechle

(a) Residence. No. 1839 S 14<sup>th</sup> St., \_\_\_\_\_ Ward. St. Louis Mo  
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
about 50

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Ill  
 (STATE OR COUNTRY)

PARENTS  
 10. NAME OF FATHER William R...  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.  
 12. MAIDEN NAME OF MOTHER Ma...  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill

14. INFORMANT Hugo J. Blechle  
 (Address) 1839 S 14<sup>th</sup> St.

15. FILED 9/31 19. 29 Lo. L. Juser REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1929

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_, and that I last saw him \_\_\_\_\_ all on \_\_\_\_\_, 19 \_\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Coronary Embolism  
Coronary Sclerosis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) Solitary Cyst Liver  
(Suppl)  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) James J. Clayton M. D.  
 , 19 \_\_\_\_\_ (Address) University Club 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

DATE OF BURIAL

Calvary

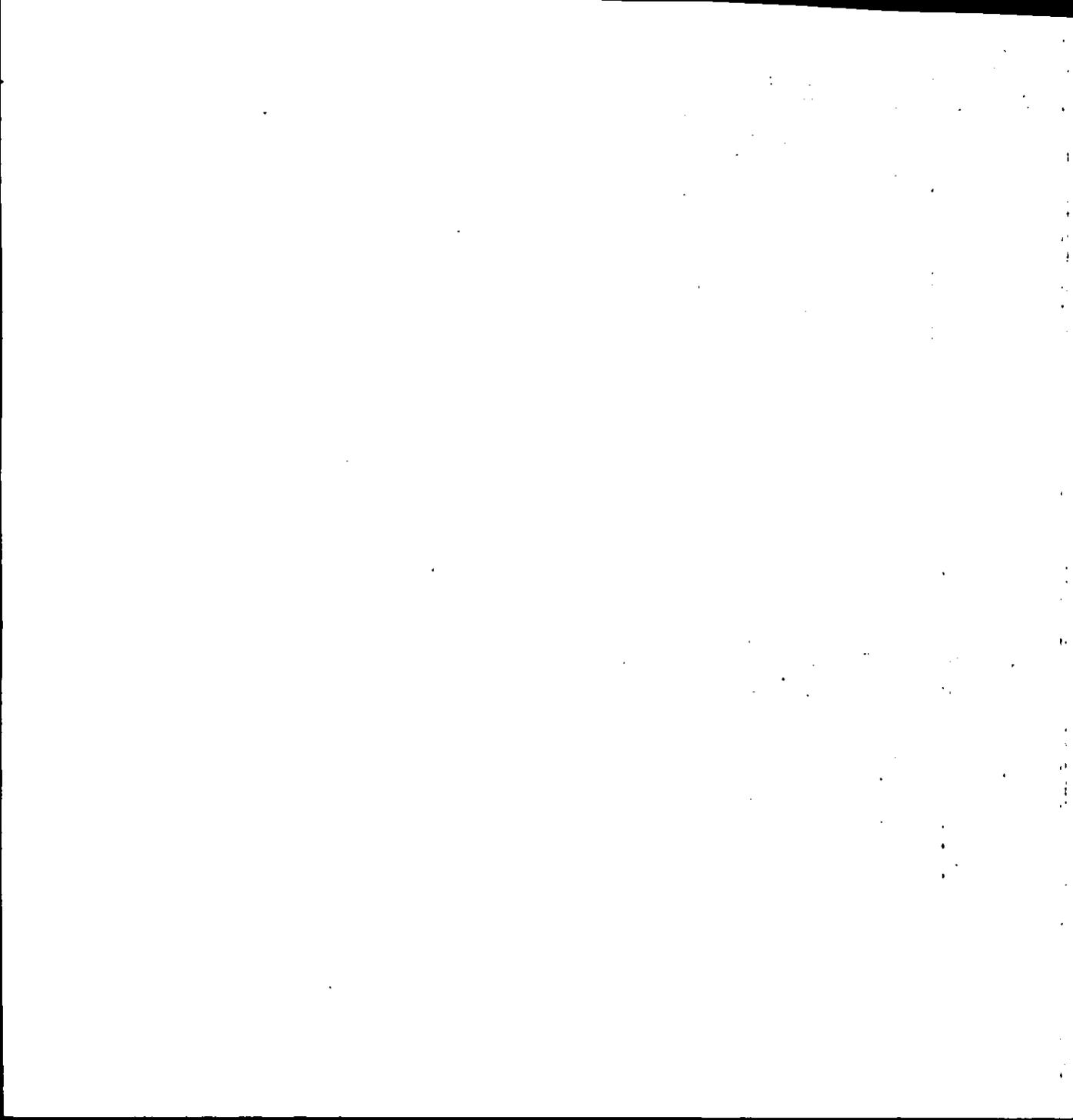
Apr 29 1929

20. UNDERTAKER

ADDRESS

W. C. Moydell

1926 Allen



Dear Sir:

JUL 15 1929  
THE STATE BOARD OF HEALTH  
OF MISSOURI

Within the last few days it has come to our attention that the death record of Mary Blechle, who died April 26th, 1929, certificate No. 4825, was filed in this office, due to the fact that the Undertaker gave the place of death as St. Mary's Infirmary, which is located in the City of St. Louis, whereas, the place of death should have been written, St. Mary's Hospital, which is located in the Richmond Heights district of St. Louis County, and should have been filed there.

I thought it well to call your attention to this, so that the record can be taken out and filed in the District where it belongs. I am making notation on our copy to that effect.

approval

I hope this will meet with your

Yours respectfully

*Leon Groch*

Deputy Registrar

*Supplemental*

1929

11-708