

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

Do not use this space.

28783

**1. PLACE OF DEATH**

County St. Louis  
Township Marion  
City St. Louis (No. 1111)

Registration District No. 485  
Primary Registration District No. 6032

File No. \_\_\_\_\_  
Registered No. 148  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 4543 Cadet 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE W. 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) May 16, 1905

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
24 3 6

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Paper Carrier  
(b) General nature of industry, business, or establishment in which employed (or employer) Proprietor  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Fred Blanner

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

12. MAIDEN NAME OF MOTHER Rose Joray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Switzerland  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mrs. Fred Blanner  
(Address) 4543 Cadet Ave

15. FILED July 29 C. E. Barnette  
REGISTRAR  
9/10 1929

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 22 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 9:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Accidental Drowning

**CONTRIBUTORY (SECONDARY)**

18. WHERE WAS DISEASE CONTRACTED Marame River  
IF NOT AT PLACE OF DEATH. Winter, Mo.

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physian's report  
(Signed) John E. Connel, M. D.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lakewood Park  
DATE OF BURIAL Aug 26 1929  
(1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

20. UNDERTAKER Preghausell Co  
ADDRESS 4104

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.

96  
SEP 26 1929

147

Mr. C. B. ...