WHITE 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.

38908

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11382

City St Louis (No. 5871 - Romaine Pl. St. ..... Ward)

2. FULL NAME John Henery Blanken

(a) Residence. No. 5871 Romaine Pl. 6 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 6 - 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	1	14	

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

9. BIRTHPLACE (CITY OR TOWN) Frolina
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John Blanken

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

12. MAIDEN NAME OF MOTHER [illegible] - Quinan

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

14. INFORMANT Emily Adkins
(Address) 5871 Romaine Pl.

15. FILED Oct 20 1929, 19 Max C Harkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 20. 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1929, to Nov 20, 1929 that I last saw him alive on Nov 20, 1929, and that death occurred, on the date stated above, at 1 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute myocarditis

93 A

97 (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis

..... (duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) D. C. Bosserman, M. D.

11-20, 1929 (Address) 6123 Easton

*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
Luthern Cem Wentzville Mo.	Nov. 22 1929
20. UNDERTAKER	**ADDRESS**
Pitman Und.	Wentzville Mo