

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

Do not use this space.

41944

1. PLACE OF DEATH

County Webster Groves Registration District No. 788
Township W. 3 Primary Registration District No. 4471
City Webster Groves No. 547 Sherwood

File No. _____
Registered No. 118
St. _____ Ward _____

2. FULL NAME

Robert E. Bluthardt
(a) Residence, No. 547 Sherwood St., _____ Ward, _____

(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 Male 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 Alice Hansen Bluthardt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 30 / 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 1 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Shoe Merchant
(c) Name of employer _____

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

10. NAME OF FATHER Theodore J. Bluthardt

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

12. MAIDEN NAME OF MOTHER Augusta Rottke

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

14. INFORMANT Mrs R. E. Bluthardt
(Address) 547 Sherwood Drive

15. FILED 12-3-29 Arthur J. Preston REGISTRAR
per Elsie Benson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 1st 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to Dec 1, 1929, that I last saw him alive on Dec 1, 1929, and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis -
Dilatation of heart -

120 (duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) 700 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Electrocardiogram

(Signed) Robert E. Bluthardt M. D.

, 19 (Address) 870 Hawthorn

*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 Bellevue DATE OF BURIAL Dec 4 1929

20. UNDERTAKER Wagoner Lumber Co ADDRESS 3621 Olive

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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