

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Mo. Registration District No. 751
 Township St. Louis Mo. Primary Registration District No. 1003
 City St. Louis Mo. (No. 2845 S 18 St.) St. 24 Ward 9690

2. FULL NAME

(a) Residence No. 24 St. 24 Ward 9690
 (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 <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. (IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF)					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 19 1868</u>					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>62</u>	<u>3</u>	<u>19</u>	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Stock Clerk</u>					
(b) General nature of industry, business, or establishment in which employed (or employer) <u>St. Louis Adv. Co.</u>					
(c) Name of employer					

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

PARENTS	10. NAME OF FATHER <u>Frank Blank</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Elizabeth Unterkonig</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT (Address)
Elizabeth Blank
2845 S 18 St.

15. FILED 10 19 mar 6 Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)
Oct 8 1930

17. I HEREBY CERTIFY, That I attended deceased from May 12 1930 to Oct 8 1930
 that I last saw him alive on Oct 7 1930, and that death occurred, on the date stated above, at 6:20 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the tongue

450 (duration) 1 yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) 43 (duration) — 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?
Microscopic exam
 (Signed) W. W. Wagoner, M.D.
 (Address) 14738 Grand

*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
St. Peter & Paul Cemetery Oct 11 1930

20. UNDERTAKER ADDRESS
Wm. J. Robert 1905 S Grand
St. Louis

