

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791

34423

Township.....

Primary Registration District No.....

1003

File No.....

City.....

(No.....)

513 Clark Ave

Registered No.....

9782

St.....

Ward.....

2. FULL NAME

Charles Blaker

(a) Residence. No.....

513 Clark Ave

St. 25

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.

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

Gladys Blaker

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

Abt 1890

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. _____ min.

Abt 40

Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

Restaurant Owner

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

Gladys Blaker

513 Clark Ave

FILED

Mar C Starckoff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct 13 1930

17.

I HEREBY CERTIFY, That I attended deceased from *July 17*, 19*30*, to *Oct 13*, 19*30*, that I last saw him alive on *Oct 13*, 19*30*, and that death occurred, on the date stated above, at *10:35 A*.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial infarction
secondary to hypertension
CONTRIBUTORY (SECONDARY)
hypertension

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed).....

Dr. Swepe

M. D.

at 1419 (Address) 3165 S Island

*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

Missouri Crematory

10-14-30

20. UNDERTAKER

ADDRESS

Kriegshauser & Co

Manchester

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.

La 4502

RECORD

100

100

100