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 File No. 41102

Township ..... Primary Registration District No. 1003 Registered No. 11765

City St. Louis (No. Alexian Bros. Hospital, St. Ward)

2. FULL NAME Charles Blitt, Sr.,

(a) Residence. No. 4162a Manchester av. St., 17 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	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 Elsa Blitt,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-1-1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	49	4	12	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer Self

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

PARENTS

10. NAME OF FATHER Charles Blitt,

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) Unknown

14. INFORMANT Elsa Blitt
(Address) 4162a Manchester av.

15. FILED DEC 16 1930 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 13th, 1930.

17. I HEREBY CERTIFY, That I attended deceased from Dec 9th, 1930, to Dec. 13th, 1930 that I last saw him alive on December 13th 1930, and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Alcoholism Acute
10 Y
TS B
(duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY) Lobar Pneumonia
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Same

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Dr. F. W. Rolling, M. D

12/15, 1930 (Address) 2125 Sidney st.

*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 Valhalla Crematroy, DATE OF BURIAL 12/16 1930

20. UNDERTAKER Robert [illegible] ADDRESS 429 W. Elliot

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.