

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

Do not use this space.

12625

791
1003

1. PLACE OF DEATH

County St. Louis Mo
Township _____
City St Louis (No. 2824 Beads Ave)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 3943
St. _____ Ward _____

2. FULL NAME

Edward Albert Blischke
(a) Residence. No. 2824 Beads Ave St. 7th Ward 23
(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

2 MEDICAL CERTIFICATE OF DEATH

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

Mary Herstein Blischke

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

Feb. 8th 1867

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hr. or _____ min.
<u>64</u>	<u>1</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Wagon Wood Worker
(b) General nature of industry, business, or establishment in which employed (or employer) 95
(c) Name of employer _____

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

Germany 11

10. NAME OF FATHER

Henry Blischke

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

Germany

12. MAIDEN NAME OF MOTHER

Minnie Glease

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

Germany

14. INFORMANT

Robert H. Blischke
(Address) St. Charles Mo

15. FILED

36 119 W. C. Starbuck
REGISTRAR

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

March 29th 1931

17. I HEREBY CERTIFY, That I attended deceased from March 27, 1931, to March 29, 1931 that I last saw him alive on March 29, 1931, and that death occurred, on the date stated above, at 5:40 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
107A
112

(duration) _____ yrs. _____ mos. 3 ds.
CONTRIBUTORY (SECONDARY) Bronchial Asthma
non Tubercular (duration) 3 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
8 DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? (1)
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Chas. H. Harses M. D.
3/30, 1931 (Address) 3156 Park Ave

*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 St Charles Mo. DATE OF BURIAL April 2nd 1931

20. UNDERTAKER J. C. Ballinger & Sons ADDRESS St Charles Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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