

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

27 1932

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

Do not use this space.  
20768

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 1123  
 Township Carondelet Primary Registration District No. 6548 B  
 City St. Louis (No. R. 7. 8. Jefferson Bks. Mo.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jacob Blatt  
 (a) Residence, No. Theiss Road St. \_\_\_\_\_ 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, WHO DIED—~~OR DIVORCED~~ HUSBAND OF Lizette  
 (OR) ~~WIFE OF~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
75 3 13

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME Comrad Blatt

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

15. MAIDEN NAME Katherine Waldorf

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

17. INFORMANT Mrs. Lizette Blatt  
 (ADDRESS) R. 7. 8. Jefferson Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Johns Cem. DATE 6/29

19. UNDERTAKER W. Hoffmeister & Co.  
 (ADDRESS) 7814 St. Bernard

20. FILE NO. 96 1932 L. C. Chalk M. U.  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1932

22. I HEREBY CERTIFY, that I attended deceased from Nov 25, 1930, to June 27, 1932  
 I last saw him alive on June 26, 1932 Death is said to have occurred on the date stated above, at 7 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Endocarditis  
Arteriosclerosis  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify Waldorf Hill M. D.  
 (Signed) Jefferson Bks. Mo.  
 (Address)

