

**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.....

Township.....

Primary Registration District No.....

City St. Louis (No. Jeremiah Hospital)

File No. 42212
Registered No. 11342
St. Ward)

2. FULL NAME

(a) Residence, No. 5238 Waterman St., 12 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Bloch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23 - 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>80</u>	<u>11</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Book Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Austria 3

MOTHER FATHER 13. NAME Bernard Bloch

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

15. MAIDEN NAME Josephine Richter

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

17. INFORMANT Lealter Bloch (ADDRESS) 5238 Waterman

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Sinai DATE Dec. 21, 1932

19. UNDERTAKER H. Randschopf (ADDRESS) 5236 Belmont

20. FILED DEC 21 1932 Ray C. Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-17, 1932, to 12-19, 1932

I last saw him alive on 12-19, 1932 Death is said to have occurred on the date stated above, at 3:0 P m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 107A
111B 107A
Other contributory causes of importance: Pulmonary Edema

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.....

(Signed) Carl Heick, M. D.
(Address) Jeremiah Hospital

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.

