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

Do not use this space.

File No. 21724

Registered No. 5524

1. PLACE OF DEATH

County ..... Registration District No. 7911

Township ..... Primary Registration District No. .....

City St Louis (No. St Johns Hospital St. ..... Ward)

2. FULL NAME Robert G. Blauner

(a) Residence, No. 4060 Arsenal St., 16 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	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 Magdalene Blauner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	68	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. E. Hagen & Sons Mfg. Co.

10. Date deceased last worked at this occupation (month and year) 37

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

FATHER

13. NAME Unknown Blauner

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Magdalene Blauner
(ADDRESS) 4060 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Cem. DATE June 26 1933

19. UNDERTAKER Brinkmann's Mortuary
(ADDRESS) 4328 Gravois Ave.

20. FILED JUN 26 1933 19 J. J. Bledsoe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/21/33, 19..., to 6/23/33, 19...

I last saw him alive on June 22, 1933. Death is said to have occurred on the date stated above, at 5:4 m.

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

	Date of onset
Chronic ostomyelitis	
93 Arteriosclerosis	
93C	

Other contributory causes of importance:

Chronic myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? Ass. Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X 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 X

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Chas. Hugh Neilson M.D.

(Address) Home Sold Bldg.

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.