

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

Do not use this space.

31777

**1. PLACE OF DEATH**

County .....  
Township St. Louis .....  
City St. Louis (No. 1433 - S Broadway St. .... Ward)

Registration District No. 781  
Primary Registration District No. 103

File No. ....  
Registered No. 8510

**2. FULL NAME**

(a) Residence, No. 1433 S Broadway 23 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 4 - 1856</u>				
7. AGE	YEARS <u>76</u>	MONTHS <u>11</u>	DAYS <u>24</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>			
	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) <u>St. Louis Mo</u>				
FATHER	13. NAME <u>John Blank</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Unkown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Blank Flint</u> (ADDRESS) <u>1433 S Broadway</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcus</u> DATE <u>Oct 2 1933</u>				
19. UNDERTAKER <u>Wacker &amp; Selders</u> (ADDRESS) <u>2331 S Broadway</u>				
20. FILED <u>30 1933</u> 19. <u>J. Brebeck</u> Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1930, to Sept 28, 1933.  
I last saw her Sept 28, 1933. Death is said to have occurred on the date stated above, at 10:20 p.m.  
The principal cause of death and related causes of importance were as follows:  
chronic Myocarditis  
931  
931  
Date of onset 1930

Other contributory causes of importance:  
None

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? No  
If so, specify William Blank, M. D.  
(Signed) 1319 S Broadway  
(Address)

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.

OCT 20 1933

MEMORANDUM FOR THE DIRECTOR, FBI  
SUBJECT: [Illegible]

[The main body of the document contains several paragraphs of text that are almost entirely illegible due to extreme blurriness and low contrast. Only faint outlines of words and lines are visible.]