

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

Do not use this space.

41837

PLACE OF DEATH

County..... Registration District No. 701
 Township St. Louis No. Primary Registration District No. 703 File No.....
 City St. Louis No. (No. 2709 So 13th St.) Registered No. 10879 St. Ward)

2. FULL NAME Andrew Blossie
 (a) Residence, No. 2709 So 13th St., 23 Ward. (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, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE Elizabeth Blossie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20/1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>55</u>	<u>5</u>	<u>28</u>	

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

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

10. Date deceased last worked at this occupation (month and year) Jan 20 1918 11. Total time (years) spent in this occupation 15 yr

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

13. NAME Peter Blossie

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

15. MAIDEN NAME Margaretha Udjan

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

17. INFORMANT (ADDRESS) John Blossie

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Paul DATE Dec 20 1933

19. UNDERTAKER (ADDRESS) Armedes U. Co 4635 So Parkway

20. FILED 19 1933 J. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1933, to December 18, 1933

I last saw him alive on Dec 18, 1933 Death is said to have occurred on the date stated above, at 2 AM

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

Chronic myocarditis
mitral stenosis + regurgitation
 Date of onset Unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1933

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 _____

(Signed) John T. Ely, M. D.

(Address) 3606 Adams

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.

JAN 26 1934

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