

MAR 24 1934

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

Do not use this space.

6369

1. PLACE OF DEATH
 County St Louis Registrar District No. 790
 Township _____ Primary Registration District No. 60339
 City Clayton (No. 6363, Wydown) St. _____ Ward _____

2. FULL NAME Harry L. Block
 (a) Residence, No. 6363 Wydown 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.

File No. _____
 Registered No. 45
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE <u>Marguerite Block</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 15 1863</u>			
7. AGE YEARS <u>70</u>	MONTHS <u>10</u>	DAYS <u>11</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>Manufacturer</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Cement</u>		
10. Date deceased last worked at this occupation (month and year) <u>Nov 13 1933</u>		11. Total time (years) spent in this occupation <u>45</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike County Mo</u>			
FATHER	13. NAME <u>Henry V. Block</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike County Mo</u>		
MOTHER	15. MAIDEN NAME <u>Elise Virginia Marnivether</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike County Mo</u>		
17. INFORMANT <u>Hugh Scott</u> (ADDRESS) <u>741 Olive St</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>2/1</u> 19 <u>34</u>			
19. UNDERTAKER <u>Wayner Fred Co</u> (ADDRESS) <u>3627 Olive St St Louis Mo</u>			
20. FILED <u>2/7</u> 19 <u>34</u> <u>Robert J. Anderson</u> Registrar.			

(2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1933, to Feb 6 1934
 I last saw him alive on Feb 6 1934. Death is said to have occurred on the date stated above, at 8:05 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset _____
Coronary artery sclerosis
930
 Other contributory causes of importance 930

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 _____
 (Signed) Jerome C. Cook, M. D.
 (Address) 508 N. Grand St

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.

