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.

MAR 24 1934

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

Do not use this space.

SOLATION HOSPITAL

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 7012

Township ..... Primary Registration District No. 1003 Registered No. 1891

City St Louis Mo (No. ....., ... St. ..... Ward)

2. FULL NAME Erwin Blattel

(a) Residence, No. 3937 N. 19 St St. 26 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 5 mos. 25 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1927

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
6	5	25	

OCCUPATION

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

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) St Louis Missouri

FATHER

13. NAME Albert Blattel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

MOTHER

15. MAIDEN NAME Minnie Bles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kelso Missouri

17. INFORMANT (ADDRESS) Leona Burns 5600 arsenal

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Feb 24th 1934

19. UNDERTAKER (ADDRESS) Edward Koch 3516 N 14th St

20. FILED FEB 23 1934 19 J. S. Brekeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1934, to Feb 21, 1934

I last saw him alive on Feb 21, 1934 Death is said to have occurred on the date stated above, at 7:28 p.m.

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

Measles — Date of onset 2-5

7 107 A

Other contributory causes of importance

Bronchopneumonia

Name of operation None Date of

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

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

Accident, suicide, or homicide? No 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) John Eschenbrenner, M. D.

(Address)

SOLATION HOSPITAL