

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City Clayton

Registration District No. 790
Primary Registration District No. 6033a

File No. 14168
Registered No. 129
St. _____ Ward _____

2. FULL NAME

Ronald F. Blanke
(a) Residence, No. 1821 N. Market St., _____ 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 <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 OF <u>Ann Blanke</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 14 1886</u>		
7. AGE	YEARS	MONTHS
<u>48</u>		
		DAYS
		<u>17</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>Truck driver</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
	<u>3</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis13. NAME not known14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME not known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Anna Blanke
(ADDRESS) 1821 N. Market St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE May 4, 193419. UNDERTAKER Hy. Leidner and Co
(ADDRESS) 1417 N. Market St.20. FILED 5/1, 1934 Robert J. Carls
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/30, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 7:30 p. m.

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

Chr. cardiac hypertrophy with left ventricular dilatation. Coronary arteries completely sclerotic and occluded. Muscle tissue fibrotic, I. ventricle orifice large enough to admit a goose egg, which prevented closure. The arch of the aorta was extremely enlarged and covered with yellow

Name of operation _____ Date of _____

What test confirmed diagnosis? autopsy Was there an autopsy? YES

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 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?

If so, specify _____

(Signed) Robert J. Carls M.D.(Address) 3918 Jennings Rd.,Coroner St. Louis, Mo.

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.

deposits. Complete occlusion of l. coronary artery within an inch of its origin of the aorta. The entire lumen of this coronary artery left, was filled with calcified material, throughout its course.

Sec: Generalized arterio sclerosis, with occlusion of l. coronary artery. Complained of pain in stomach, for past two or three months. Taken to St. Louis County Hospital, where he was pronounced dead.