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.

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

FEB 21 1935

Do not use this space.

3124

File No.

Registered No. 406

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis (No. 3700 Utah Place St. Ward)

2. FULL NAME Frederick Wm. Blaufuss

(a) Residence, No. 3700 Utah Place St., 16 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22nd. 1842.

7. AGE: Years 92 | Months 1 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Retired 15 yrs.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

FATHER

13. NAME Daniel Blaufuss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Margaret Brock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT Mrs. Auguste Blaufuss
(ADDRESS) 3700 Utah Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Jan. 12th. 1935

19. UNDERTAKER Wacker-Edelderle
(ADDRESS) 2331 S. Broadway

20. FILED JAN 11 1935 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1935, to Jan 9 1935, I last saw him alive on Jan 9 1935. Death is said to have occurred on the date stated above, at 9.10 P.M.

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

	Date of onset
Lobar Pneumonia	1/2/35

Other contributory causes of importance

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, 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) [illegible] M. D.
(Address) 1924 S. Grand Ave