

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

Do not use this space.

24536

AUG 9 1935

**1. PLACE OF DEATH**

County.....  
Township.....  
City *St. Louis* (No. *175302*)

Registration District No. *791*  
Primary Registration District No. *1003*

File No. ....  
Registered No. *5920*  
St. .... Ward

**2. FULL NAME**

*David Bles*

(a) Residence, No. *1427* (Usual place of abode) *W. Washburn* Ward *26*

Length of residence in city or town where death occurred *0* yrs. *2* mos. *24* ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *M* 4. COLOR OR RACE *W* 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) *June 26 - 31*  
7. AGE YEARS *0* MONTHS *08* DAYS *24* If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Nil*  
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 Mo.*

MOTHER 13. NAME *Chester Bles*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Ethel Thompson*

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

17. INFORMANT (ADDRESS) *Shop by Dr. Keith City St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cabarrus* DATE *July 3*

19. UNDERTAKER (ADDRESS) *Edward J. ... 3316 ...*

20. FILED *10 1935 19* *J. H. Bredek* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 10*, 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *7/7*, 19*35*, to *July 10*, 19*35*.

I last saw him alive on *7/10*, 19*35*. Death is said to have occurred on the date stated above, at *9:30* AM.

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

*Erysipelas*  
*15*  
Other contributory causes of importance:  
Date of onset

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....  
If so, specify.....

(Signed) *Ralph N. Barlow* M. D.

(Address) *City St. Louis*

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.

