

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

Do not use this space.

AUG 5 1893
1. PLACE OF DEATH

**791
1003**

24610

File No. _____
Registered No. **6005**
St. _____ Ward _____

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis Mo. (No. _____) Sanitarium

2. FULL NAME Fred Blatter
(a) Residence, No. 5925 Washington St., 6 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-26-1882
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 53 1 15
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medical Bldg.
10. Date deceased last worked at this occupation (month and year) July 1905 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kansas

MOTHER FATHER 13. NAME Fred Blatter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Dr. P. Pfeil 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE 7/13 1905

19. UNDERTAKER (ADDRESS) Robert J. Clayton 6633 Clayton Rd

20. FILED JUL 13 1893 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/11 1905
I HEREBY CERTIFY, That I attended deceased from 7/8 1905 to 7/11 1905
I last saw him alive on 7/11 1905. Death is said to have occurred on the date stated above, at 10^{PM} a.m.
The principal cause of death and related causes of importance were as follows:

General Paralysis of Brain (Lues)
Other contributory causes of importance: Chr. Myocarditis
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) Dr. P. Pfeil, M. D.
(Address) 5400 Arsenal

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.

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