

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

Do not use this space.

27815

1. PLACE OF DEATH *St. Louis*
 County *St. Louis* Registration District No. *780*
 Township *St. Louis* Primary Registration District No. *4466*
 City *St. Louis* (No. _____) St. _____ Ward _____

File No. _____
 Registered No. *44*

2. FULL NAME *Martin Anton Blechler*
 (a) Residence, No. _____ St. _____ 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) *single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 10 1936*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 27

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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 *Gerald Blechler*

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

MOTHER
 15. MAIDEN NAME *Laurie Scherer*

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

17. INFORMANT *Gerald Blechler*
 (ADDRESS) *St. Louis Mo*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *St. Louis* DATE *July 8 1936*

19. UNDERTAKER *W. G. Basher*
 (ADDRESS) *St. Louis Mo*

20. FILED *July 8 1936 T. W. Douglas*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 7 1936*

22. I HEREBY CERTIFY, That I attended deceased from *July 4 1936* to *July 7 1936*
 I last saw him alive on *July 7 1936* Death is said to have occurred on the date stated above, at *7:30 A.M.*
 The principal cause of death and related causes of importance were as follows:

Pan-sinusitis (acute)

Date of onset *7-4-36*

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? *Smear* 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 _____ M. D.
 (Signed) *Arthur E. Swann*
 (Address) *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.

AUG 28 1936

