WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

AUG 25 1936

23394

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 299

City Jefferson Barracks, Mo. U.S. VETERANS ADM. FACILITY (St. Ward)

2. FULL NAME Charles F. BLIND

(a) Residence, No. 408 Fassen St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? un yrs. kno mos. wn ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ unavailable

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 14, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	39	9	10	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 2 months ago — 11. Total time (years) spent in this occupation 20 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER

13. NAME Charles Blind

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable

MOTHER

15. MAIDEN NAME Bertha Schlessinger

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

17. INFORMANT M. Schilling
(ADDRESS) Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE NATIONAL CEMETERY DATE JULY 28, 1936

19. UNDERTAKER C. HOFFMEISTER UNDERTAKING & LIVERY CO.
(ADDRESS) 7814 So. BROADWAY

20. FILED July 27, 1936 — L. Mowry, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1936, to July 24, 1936

I last saw him alive on July 24, 1936. Death is said to have occurred on the date stated above, at 5:15 a.m.

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

	Date of onset
Suppurative Peritonitis resulting from Intestinal perforation.	unknown

Other contributory causes of importance:

Bronchopneumonia, Bilateral	unknown

Name of operation Repair Intestinal perforation, obstruction and ventral Hernia Date of 7-15-36

What test confirmed diagnosis? clin. manifestations, phy. exam. 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 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) C. F. Hughes — C. F. HUGHES, Chief Medical Officer, M. D.

(Address) Jefferson Barracks, Mo.