

SEP 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1008
(No. 6602 Oakland Ave.)

File No. 32956
Registered No. 8838
St. Ward)

2. FULL NAME George F. Blaich Jr.

(a) Residence, No. 6602 Oakland Ave. St. 4 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 (Use the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Loretto Blaich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1899.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 8 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Filling Station
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 FATHER 13. NAME George A. Blaich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pacific Mo.

MOTHER 15. MAIDEN NAME Julia E. Bland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Champaign Illinois

17. INFORMANT Mrs. Loretto Blaich
(ADDRESS) 6602 Oakland Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pacific Mo. DATE 8-28 1936

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4226 So. Kingshighway Blvd

20. FILED AUG 25 1936 19 36
J. F. Predeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1936 to Aug 25, 1936
I last saw him alive on Aug 24, 1936 Death is said to have occurred on the date stated above, at 6:15 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocardial Infarction
Coronary Artery Disease
Other contributory causes of importance:
hypertension of long standing

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) J. W. Gross, M. D.
(Address) 508 N. Grand

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.

