

Jan 26 1936

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

Do not use this space.

46049

1. PLACE OF DEATH

County St. Louis

Registration District No. 788

Township Walden

Primary Registration District No. 4471

Suburban Walden (No. 59 Welpshusen Ave)

File No. \_\_\_\_\_

Registered No. 125

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Elvin Dale Blender

(a) Residence, No. 59 Welpshusen Ave St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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) May 22 1925

7. AGE YEARS 11 MONTHS 6 DAYS 19 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School  
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) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Henry A. Blender

14. BIRTHPLACE (CITY OR TOWN) Appleton city (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Margaret Cover

16. BIRTHPLACE (CITY OR TOWN) Appleton city (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Henry A. Blender  
Walden Groves

18. BURIAL, CREMATION, OR OTHER DISPOSITION Appleton city Mo DATE Dec 12 1936

19. UNDERTAKER (ADDRESS) Castrovalind Co  
Walden Groves

20. FILED 12-11-1936 Julius R. York Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-11-1936

22. I HEREBY CERTIFY, That I attended deceased from July 3 1936 to December 11 1936  
I last saw him alive on 12-10-1936 Death is said to have occurred on the date stated above, at 1:15 a. m.

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

Acute Myocarditis

Date of onset 7-3-36

Other contributory causes of importance: Rheumatic fever 7-3-36

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) Arthur W. Westrup, M. D.  
(Address) Walden Groves Mo

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.

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