

MAY 7 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis(No. St. Lukes Hospital)

File No.....

Registered No.....

St.....

Ward.....

791

1003

14606

4102

2. FULL NAME William Frederick Blanke(a) Residence, No. 5215 Lindell Blvd St. 12 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)MaleWhiteWidowed5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFAlma T. Blanke6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7th 1867

7. AGE YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.70108. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Retired Mfg.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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) Marine  
Illinois13. NAME William Frederick Blanke14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) Germany15. MAIDEN NAME Sophia G. Bernbrock16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) Germany17. INFORMANT Joseph M. Sheldon  
(ADDRESS) 2 Boulder Brae Lane New York

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Grove Maus DATE April 19th 3719. UNDERTAKER Wagoner Undertaking Co  
(ADDRESS) 362 Olive Street.20. FILED APR 19 1937 19. J. Predeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17 193722. I HEREBY CERTIFY, That I attended deceased from  
Jan 22 1937 to Apr 17 1937I last saw him alive on Apr 17 1937. Death is saidto have occurred on the date stated above, at 11<sup>30</sup> a.m.

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

Colony bacillus Septicemia Date of onset 2/28/37operation for hypertrophy  
of Prostate

Other contributory causes of importance:

Pulmonary Thrombosis 3/30/37  
Thrombosis Regenerative 4/5/37  
C. PudecName of operation Prostatectomy Date of 3/19/37What test confirmed diagnosis? Cultures 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? No.

If so, specify .....

(Signed) E. L. Boyson, M. D.(Address) 958 Arcade Bldg

CHOSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. E. C. Burford.  
One Box No. 1  
9 30 AM.