

JAN 10 1938

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

43668  
Do not use this space.

11918

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. City Hospital ..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Martin K. Block

(a) Residence, No. 3439 Hartford St. St. 16  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July, 13th, 1897</u>		
7. AGE YEARS <u>40</u>	MONTHS <u>5</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Manager</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Sales &amp; Service Co.</u>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation <u>13</u>		
12. BIRTHPLACE (CITY OR TOWN) <u>Ironton</u> (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Henry Block</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Hetty L. Kesling</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Ironton</u> (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Mrs. H. L. Kesling</u> (ADDRESS) <u>3429 Hartford St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lake Charles</u> DATE <u>Dec. 27th, 1937</u>		
19. FUNERAL DIRECTOR <u>Wacker-Helderle</u> (ADDRESS) <u>2331 S. Broadway</u>		
20. FILE NO. <u>DEC 27 1937</u> <u>J. J. Brudeck</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24th, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12.20 A.M.

The principal cause of death and related causes of importance were as follows:  
Asphyxiation due to carbon monoxide poisoning suffered when overcome while sleeping in small enclosed room (with gas heater burning) at 1518 Sulphur Avenue, about 4:00 P.M., December 21st, 1937.

**ACCIDENT.**

Other contributory causes of importance:  
None

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide Accident Date of injury 12/21, 1937  
Where did injury occur? See above  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury See above  
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify None  
(Signed) Dr. M. J. Green M.D.  
(Address) Colonel

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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STATEMENT BY LICENSED EMBALMER

I, Frank J. Hyland, Licensed Embalmer No. 2645

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.

No. 2645 or by \_\_\_\_\_ L. E. \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Frank J. Hyland  
Licensed Embalmer No. 2645

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)