

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

33893
 Do not use this space.

NOV 16 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City **St. Louis, Mo.** (d) Street No. **3400 S. Grand Bl.** Registered No. **8879**
 (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

August F. Blattner Sr.
 (a) Residence, No. **3400 S. Grand Bl.** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Elizabeth Blattner**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 6, 1869**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
69 8 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Blacksmith**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**
 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) **Oakawville Ill.**

FATHER 13. NAME **Unknown**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **August Blattner Jr.** (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL **New St. Marcus Cm. DATE Oct. 12, 1938**

19. FUNERAL DIRECTOR (NAME) **Weick Bros. Und, Co.** (ADDRESS) **2201 S. Grand Bl.**

20. FILE **OCT 11 1938** **J. J. Bredbeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 9, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 5, 1938** to **Oct 9, 1938**
 I last saw him alive on **Oct 3, 1938**. Death is said to have occurred on the date stated above, at **11 P.M.**

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

Arterio-sclerosis
1985
 Date of onset

Other contributory causes of importance:
Angina, heart failure, diabetes, arteriosclerosis, arterio-sclerosis

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. J. Bredbeck** M. D.
 (Address) **New Clark**

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.

An. Bowdoin University Club Bldg.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Harry A. Stewart

, or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Harry A. Stewart

Licensed Embalmer No. **3722**

P. O. Address **412 Duchouquette St.**

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.)

If this body is not embalmed, above space should be left blank.