

REC'D MAY 10 1939

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

791
1003

13332

Do not use this space.

3674

Registered No.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1
(b) Township St. Louis Primary Registration District No. 1
(c) City St. Louis (d) Street No. W. Thurston St. Louis 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

454
Christine Blemel
(a) Residence, No. 8721 Halls Ferry Rd. St. 8 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anton Blemel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 3 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Germany 613. NAME Christine Beckmann 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 615. MAIDEN NAME Wilhelmine (Unknown)16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Henry Ruedenrich, Sr.
8721 Halls Ferry Rd.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Martin DATE Apr. 22, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Reidergraben Undertakers
1936 St. Louis, Mo.20. FILED APR 20 1939 J. W. Redlich Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL, 20, 193922. I HEREBY CERTIFY, That I attended deceased from APRIL, 1938 19 to APRIL, 19, 1939I last saw her alive on APRIL, 19, 1939 Death is said to have occurred on the date stated above, at 5:30 A. m.

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

CHRONIC MYOCARDITIS

Date of onset

Other contributory causes of importance: NONEName of operation NONE Date ofWhat test confirmed diagnosis? Was there an autopsy? NO23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? NO Date of injury

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 NONE

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) J. A. VanStoepen, M. D.
8313 HALLS FERRY RD. CITY (Address)

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, or by.....

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

Signed.....

Licensed Embalmer No. 3737

P. O. Address 1936 W. Jones

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.