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.

REC'D AUG 11 1939

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

23910
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. 6183

(c) or City St. Louis, Mo. (d) Street No. City Infirmary 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 420 Peter Blaess

(a) Residence, No. 5800 Arsenal St. 13
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? ? 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) Unknown Germany 6

FATHER
13. NAME Peter Blaess 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany 6

MOTHER
15. MAIDEN NAME Ann Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " Germany

17. INFORMANT (ADDRESS) J.G. Sullivan 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY DATE 7-14-39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cullen & Kelly 1416 N. Taylor ave.

20. FILED JUL 13 1939 J.F. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1939, to July 9, 1939
I last saw him alive on July 9, 1939 Death is said to have occurred on the date stated above, at 1:55 A.M.
The principal cause of death and related causes of importance were as follows:

Cardiac Hypertrophy

Date of onset

95 ✓

Other contributory causes of importance?
Generalized arteriosclerosis
Chr. pass long of liver
Hyp. prostate

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) E. Bierl, M. D.
(Address) Isolation Hosp.

(Licensed Embalmer's Statement on Reverse Side)

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 Harrison Eaton, Registered Apprentice No. 210 working under my personal supervision.

Signed Raymond E. Gehrke

Licensed Embalmer No. 3985

P. O. Address St Louis, M

City license #99

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

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