

791  
NOV 13 1939  
Registration District No. 33003

Primary Registration District No. \_\_\_\_\_

Registrar's No. 8447

## 1. PLACE OF DEATH:

(a) County 1  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Hattie Blaha  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Joseph Blaha  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 15, 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 -- 16 hr. min.

9. Birthplace England  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name James P. Garretson  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Dahlia Gunn  
15. Birthplace Paris France  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bertha Winkler  
(b) Address 2262 Indiana Ave.

17. (a) Burial (b) Date thereof Oct. 4, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. H. Gehrmann & Co.  
(b) Address 2630 Gravois Ave.

19. (a) OCT 3 1939 (b) J. H. Gehrmann & Co.  
(Date received local registrar)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2262 Indiana Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1,  
year 1939 hour 5:40 minute A. M.

21. I hereby certify that I attended the deceased from September  
29, 1939, to October 1, 1939;

that I last saw her alive on October 1, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac De compensation  
Hypertensive stroke (Cerebral)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

28. Signature David Freedman (M. D. or other)  
Address 1515 Lafayette Date signed 10/1/39

**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.....

..... Robert A. Gebken ....., Registered Apprentice No. 187  
working under my personal supervision.

Signed: Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St.  
St. Louis, Mo.

**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.**

30.