DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 281

Registration District No. 791 Primary Registration District No. Registrar's No. 281

1. PLACE OF DEATH: 1003

(a) County

(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: #6232 McPherson Ave. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town St. Louis, 5
(If outside city or town limits, write "RURAL")

(d) Street No. #6232 McPherson Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary R. Bleyer. 460

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Female.

5. Color or race White.

6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife William M. Bleyer.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 24, (Day) 1856. (Year)

8. AGE:

Years	Months	Days	If less than one day
83.	7.	15.	hr. min.

9. Birthplace St. Louis Co. (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation At Home.

11. Industry or business 0

FATHER
12. Name Charles Sarrazin. 7
13. Birthplace Bordeau, (City, town, or county) France. (State or foreign country)

MOTHER
14. Maiden name Alexandrine Viguier. 1
15. Birthplace Nancy, (City, town, or county) France. (State or foreign country)

16. (a) Informant's own signature Wm H. Bleyer.
(b) Address #6232 McPherson Ave.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 1/11/40. (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address #7233 Delmar Boulevard.

19. (a) JAN 10 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th
year 1940 hour 10.55 am minute M.

21. I hereby certify that I attended the deceased from 1920, 19, to January 9th, 1940;
that I last saw her alive on January 9th, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cholecystitis	5 years
Due to Gall stones - repeated attacks	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature Adrian Bleyer (M.D. or other) M.D.
Address 819 University Club Bldg Date signed 1/10/40

(Licensed Embalmer's Statement on Reverse Side)

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.

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Mini Clar Bldg
FR-4300
11-12

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address 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.