FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9275

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2758

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence - 6926 Michigan Ave.
(If not in hospital or institution, write street number or location)

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

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 6926 Michigan
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 years.

3. (a) PRINT FULL NAME MRS. MARIE HEDWIG BLESSE

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 Married

6. (b) Name of husband or wife Franz H. G. Blesse

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 2, 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	8	21	hr. min.

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

10. Usual occupation At. Home

11. Industry or business

FATHER 12. Name Moritz Koerner

13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER 14. Maiden name Marie Troemel

15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Franz H. G. Blesse

(b) Address 6926 Michigan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25, 19 (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Bedrowden Funeral Home

(b) Address 1936 St. Louis Ave.

19. (a) MAR 25 1940 (Date filed with registrar) (b) J. F. Bickel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd year 1940 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from 2-5-38, 19, to 3-23-40, 19; that I last saw h. w alive on 3-8-40, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	about Sept. '38
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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 C. E. Stindel (M. D. or other) M.D.

Address 3651 Grandel Sq. Date signed 3/23/40.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 6-17-39 I X19511

Dr. Stindel

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 St. Louis Ave

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.