

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4063

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Baptist Hospital.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 Hours
(Specify whether
 In this community 54 Years
years, months or days)

8. (a) PRINT FULL NAME Alma Blasberg.
 8. (b) If veteran, name war _____
 3. (c) Social Security No. 421

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife The Late Charles Blasberg 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased October 2, 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name John Schwiete
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Matilda Termier
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Voeker
 (b) Address 4251 Linton

17. (a) Burial (b) Date thereof May 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroet Carroll
 (b) Address 4600 Natural Bridge

19. (a) MAY 6 1940 (b) J. J. [Signature]
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 10
(If outside city or town limit, write "RURAL")
 (d) Street No. 4251 Linton
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 54 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
 year 1940 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 3, 1940 to May 3, 1940
 that I last saw her alive on May 3, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Shock following operation
 Due to Strangulated umbilical Hernia
 Due to _____

Duration 1 hr.

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
 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? _____

While at work _____ (Specify type of place)
 (e) Manner of injury _____
 23. Signature Charles Carroll (M. D. or other) _____
 Address 508 N. Grand Date signed 5/6/40

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

1-3 Dr. Schutt.

Metropolitan Bldg.

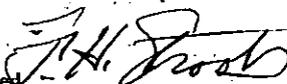
STATEMENT BY LICENSED EMBALMER

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.

2265

P. O. Address

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.