

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

364010

State File No.

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1954

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saint Marys
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 36 hrs.
(Specify whether
In this community 0-0-1 1/2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rural) Glencoe, Mo. R.R. #-1
(If outside city or town limits, write "RURAL")
(d) Street No. Pond Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1940 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 12, 1940
to Oct 14, 1940
that I last saw him alive on Oct 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Portal vein Thrombosis Duration 1 day
Due to Infectious Diarrhea 6 days
Due to Pemphigus 6 days

Other conditions
(Include pregnancy within 3 months of death) 11912
Major findings:
Of operations _____
Of autopsy Portal Thrombosis
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 J. C. Campbell (M. D. or other) 1
Address 802 9 4 Perry St. Date signed Oct 15, 1940

3. (a) PRINT FULL NAME William Henry Bles

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 25 1940
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business none

12. Name William Bles

13. Birthplace Scott Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Laura Meves

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

16. (a) Informant Wm. Bles

(b) Address Glencoe, Mo. R.R. #-1

17. (a) Burial (b) Date thereof Oct. 16-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cem. Manchester, Mo.

18. (a) Signature of funeral director Harry Schrader

(b) Address Bethuin, Mo.

19. (a) OCT 15 1940 (b) J. R. Meigs
(Date received local registrar) (Registrar's signature)

(Licensed Embalmers' Statement on Reverse Side)

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

W. C. Casper

8029 Wray the Blvd

6621 Residing

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

John Ketter

Licensed Embalmer No. *3880*

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, fact should be so stated above.