

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 9070

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:
FIRMIN DEBLOGE
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Joe Deblatz

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

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

7. Birth date of deceased AUG. 8 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>2</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation LABORER

11. Industry or business _____

12. Name UNKNOWN

18. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant's own signature Joseph Sawyer

(b) Address 2331 1/2 Mill St

17. (a) BURIAL (b) Date thereof 11-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Pullen + Kelly

(b) Address 1416 N. TAYLOR AVE

19. (a) NOV 4 1940 (b) J. F. Beck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST LOUIS 11
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 MONTGOMERY
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-1-40 day _____
year _____ hour 7:10 AM minutes _____ M.

21. I hereby certify that I attended the deceased from 10-29-40
_____ 19____, to 11-1-40 19____;

that I last saw him alive on 10-31-40 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary edema
Pulmonary atelectasis
Congestive heart failure
No def. heart condition
Duration off

Due to _____

Other conditions Multiple lung abscesses
(Include prognosis within 1 month of death)
Cause unknown

Major findings: _____
Of operations _____

Of autopsy Lung pathology above

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 _____

23. Signature Geo. W. Flynn (M. D. or other) _____

Address Firmin Deblorge Date signed 11-2-40

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.

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.....

Myself

....., Registered Apprentice No.....

working under my personal supervision.

*City License
#145*

Signed *Glen E. Guelerson*

Licensed Embalmer No. *4141*

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.