

No. 2  
12-40  
17-39  
X23135

JAN 15 1941 97  
Registration District No. **97**

Primary Registration District No. **3016**

1. PLACE OF DEATH:

(a) County **Franklin.**  
(b) City or town **Washington.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **816 E. 5th St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None.**  
(Specify whether years, months or days) **95 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**  
(c) City or town **Washington**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **816 E. 5th St.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **95** years.

3. (a) PRINT FULL NAME **Robert Bleinich.**

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

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

6. (b) Name of husband or wife **Josephine Bleinich.** 6. (c) Age of husband or wife if alive **deceased** years

7. Birth date of deceased **Mar. 27th, 1840.**  
(Month) (Day) (Year)

8. AGE: Years **100** Months **8** Days **18** If less than one day hr. min.

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

10. Usual occupation **Retired laborer.**

11. Industry or business **X**

12. Name **Unknown.**

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

14. Maiden name **Unknown.**

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

16. (a) Informant **Mr. Charles Bleinich,**

(b) Address **Washington, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 19, 1940.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington, Mo.**

18. (a) Signature of funeral director **Heuburg & Witt Inc**

(b) Address **Washington, Mo. 64601**

19. (a) **Dec. 17-1940** (b) **J. A. May**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **15th**  
year **1940.** hour **11:00** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Jan. 15, 1938**  
to **Dec. 15, 1940**

that I last saw him alive on **Dec. 13, 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Endocarditis** Duration **Two Years**

Due to **Senility** ?

Due to **92-2**

Other conditions **92-2**  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

23. Signature **270** (Specify type of place) **Washington, Mo.** (e) Means of injury

Address **Washington, Mo.** Date signed **12-16-40**

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

**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 me

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 238

P. O. Address Washington

**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.