

V. S. No. 2
M-11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

St. Schultz 7987
State File No. _____

FILED MAR 19 1941

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 43

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

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Three Days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 533 Tecumseh
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas Lincoln Blank

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15
year 1941 hour 4 minute 50 A.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Mary Sullivan 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased December 18 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 21 1940 to Feb 15th 1941
that I last saw him alive on Feb 14th 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 1 Days 26 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral hemorrhage 5 days

Due to _____

9. Birthplace Cole County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Pipe Fitter

Due to Gen Arterio sclerosis 10 yrs

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business American Cat & Foundry Co

12. Name Philip Blank

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

14. Maiden name Elizabeth Connell

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

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Rosa Burchardt

(b) Address 346 Christian, St. Louis, Mo

17. (a) Burial (b) Date thereof Feb. 17-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. St. Charles, Mo

18. (a) Signature of funeral director H.C. Dalmeyer & Son

(b) Address 200 N. Second, St. Charles, Mo

19. (a) 2-16-41 (b) Blarence D. Heale
(Date received local registrar) (Registrar's signature)

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 A. R. Erich Schultz (M. D. or other) _____
Address St. Charles, Mo Date signed 2/19/41

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 E. Dallmeyer

Licensed Embalmer No. 2957

P. O. Address St Charles 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.