No. 2
11-10-39
5-17-39
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 9096

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 2506

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

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution: 4048 Westminster Pl. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 4048 Westminster Pl.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 19 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 11

(d) Street No. 4048 Westminster Pl. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John Andrew Blase

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 Married

6. (b) Name of husband or wife Anna Blase

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Aug. (Month) 28 (Day) 1872 (Year)

8. AGE: Years 68 Months 6 Days 11 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business

FATHER 12. Name Unknown

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

MOTHER 14. Maiden name Unknown

15. Birthplace " (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. A. A. Hosemann

(b) Address 4048 Westminster

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-41 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Park

18. (a) Signature of funeral director Chas. A. Buell

(b) Address 445 N Washington Blvd

19. (a) MAR 20 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 3 day 18 year 1941 hour 9:00 minute a. M.

21. I hereby certify that I attended the deceased from 11-17-40, 19 to 3-18-41, 19; that I last saw him alive on 3-18-41, 19 41; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Infarct of Heart | |
| Due to: | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Harold Freedman M.D. (M. D. or other)

Address City Hosp. 1515 Lafayette Signed 3-19-41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Hetter

Licensed Embalmer No. 3880

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**