

No. 2
4-13-40
5-17-39
I X231

79 STANDARD CERTIFICATE OF DEATH
100903

Registration District No. 791
FILED SEP 17 1941

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution..... Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... FRANK BLEILE

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex..... Male White

5. Color or race.....

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

6. (b) Name of husband or wife..... Mary Overkrome

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

7. Birth date of deceased..... Sept. 27, 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>10</u>	<u>24</u>hr.min.

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

10. Usual occupation..... Gravel Roofer

11. Industry or business.....

12. Name..... Natzy Bleile

13. Birthplace..... Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name..... Neina Michels

15. Birthplace..... Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant..... Sister Seraphine (Records)

(b) Address..... 3400 So. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 8/23/41
(Month) (Day) (Year)

(c) Place: burial or cremation..... SS. Peter & Paul Cemetery

18. (a) Signature of funeral director..... J. H. Hubben & Co.

(b) Address..... 28 1/2 Meramec

19. (a) AUG 22 1941 (Date received local registrar)

(b) J. H. Hubben (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 100

(c) City or town..... St. Louis,
Home for the Aged
(If outside city or town limits, write "RURAL")

(d) Street No. 3400 So. Grand Blvd
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Aug. day..... 21,
year..... 1941 hour..... 1 minute..... 10P. M.

21. I hereby certify that I attended the deceased from..... Aug 20..... 1941 to..... Aug 21..... 1941
that I last saw him alive on..... Aug 20..... 1941
and that death occurred on the date and hour stated above.

Immediate cause of death..... Regenerative Myocarditis Duration..... 2 yr.

Due to..... Asst

Due to..... Asst

Other conditions..... Winking Retention 3 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... Asst

Of autopsy..... Asst

Duration

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..... S. A. West (M. D. or other) Asst

Address..... 439 Bats Date signed..... 8/22/41

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

50
17
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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

Loron B. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.

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, fact should be so stated above.