

No. 2  
-1-4-41  
-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30350

State File No. \_\_\_\_\_

Registration District No. 7971

Primary Registration District No. 1003

Registrar's No. 7689

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:  
Alexian Brothers Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 weeks  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis, 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2929N. Taylor Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Bernard Blankmann

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

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

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

7. Birth date of deceased March 6 1860  
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 17  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired insurance

11. Industry or business \_\_\_\_\_

12. Name Gerard Blankmann

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant George H. Blankmann

(b) Address 6606 Bancroft

17. (a) Burial (b) Date thereof 9/25/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John H. Eubank Sons

(b) Address 2630 Gravois Avenue

19. (a) SEP 24 1941 (b) J. J. Bredbeck  
(Not received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, 23 day  
year 1941 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 20 1941  
26 1941 Sept 22 1941

that I last saw him live on Sept 22 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris  
Due to \_\_\_\_\_

Due to Chronic Nephritis

Other conditions Chronic Nephritis  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. C. Hanson MD (M. D. or other) \_\_\_\_\_

Address 3157 Paulina Date signed 9/24/41

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

0799

**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..... *Robert F. Gebken* .....

Licensed Embalmer No..... 4144 .....

P. O. Address..... 2630 Gravois Avenue .....

**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.**