

Registration District No. 91

Primary Registration District No. 1003

Registrar's No. 10523

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
610 Dover
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Frank I. Bleits

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 Eva Bleits 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased October 4 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 27 If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Plasterer Himself

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Eva Bleits

(b) Address 610 Dover st.

17. (a) Burial (b) Date thereof Jan. 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director W. J. Prudech

(b) Address 7814 S. Broadway

19. (a) DEC 31 1941 (b) _____
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1 12
(d) Street No. 610 Dover (If rural, give location) F
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31
year 1941 hour 4 minute 15p. M.

21. I hereby certify that I attended the deceased from Dec 31
1941 to Dec 31 1941
that I last saw him alive on Dec 31 and that death occurred on the date and hour stated above.

Immediate cause of death. Angina Pectoris Duration _____

Due to _____
Due to Arteriosclerosis of hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy ART 1941

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. J. Prudech (M. D. or D. O.)

Address 710 S. Broadway Date signed 1-2-41

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

7110 McHenry
St

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..... *Edwin H. Feibing*

Licensed Embalmer No. *4049*

P. O. Address *6464 Chippewa*

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.