S. No. 2
—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8285

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 2610

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Lukes Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 545 Pardue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

N.R. 09 6 3 5

3. (a) PRINT FULL NAME Albert G. Blanke Sr.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lilly M. Blanke.

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. (Month) 1, (Day) 1866 (Year)

8. AGE: Years 76. Months 2. Days 21. If less than one day hr. min.

9. Birthplace Marine, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Real Estate

11. Industry or business Prest.-Albert G. Blanke Real Estate Co.

FATHER
12. Name Frederick Blanke.
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Ortieg.
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Albert G. Blanke Jr.
(b) Address #545 Pardue,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March, 24, 42 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar, Blvd.

19. (a) MAR 23 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd year 1942 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from January 20 1942 to March 22 1942 that I last saw him alive on March 21 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia - bilateral — Duration

Due to Hemorrhage from intestine

Due to Generalized Carcinomatosis. Primary in Pancreas

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 4 6 J

Of autopsy Generalized Carcinomatosis

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

23. Signature Charles W. Duden (M. D. ~~or other~~)

Address 3170 Washington Date signed 3-23-42

(Licensed Embalmer's Statement on Reverse Side) Chas W. DUDEN

Dr. Chas. H. Bunker
3720 Washington
JE - 4511
Before 11 a.m.

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: Bradford A. Miles

Licensed Embalmer No. 290I

P. O. Address University City 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.