

FILED APR 20 1942 791

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3251

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

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9

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis

(c) Name of hospital or institution:
2847 S. 4th St.
(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

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis, Mo. ²⁰⁰
(If outside city or town limits, write "RURAL") ^{24 17}
⁹

(d) Street No. 2847 South Fourth Str.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... ⁰

3. (a) PRINT FULL NAME Mary Blastenbrei

3. (b) If veteran, name war..... No

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

4. Sex Female

5. Color or race Wht.

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

6. (b) Name of husband or wife Henry Blastenbrei

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

7. Birth date of deceased April. 6 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>-</u>	<u>2</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Jacob Welde

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

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Raims

(b) Address 2847 S. 4, Str.

17. (a) Burial (b) Date thereof April 11, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sun Set Park

18. (a) Signature of funeral director J. E. Mayall

(b) Address 1926 Allen Ave.

19. (a) APR 11 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 8
year 1942 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 2nd.
1942 to April 9th. 1942
that I last saw h...er alive on April 8th. 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy (cerebral hemorrhage), ^{4 days}
Hypertension

Due to..... Hypertension

Due to..... Apoplexy (cerebral hemorrhage)

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration
4 days

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 C. S. Bredbeck (M. D. or other) ⁰
Address 2278 S. Jefferson Date signed 4-9-42

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 Bey L. Duman
Licensed Embalmer No. 2272
P.O. Address 1926 Allen

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.