V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25683

FILED AUG 20 1942 791

Registration District No. 1003 Primary Registration District No.

Registrar's No. 6732

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

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bernard Skinland Cancer Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7-20-42-7-23-42 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State (b) County 17
(c) City or town St. Louis, Missouri 96 (If outside city or town limits, write "RURAL")
(d) Street No. 5152 St. Louis Rear (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry Bloss
3. (b) If veteran, name war —
3. (c) Social Security No. 486-16-0415
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced 3
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1 (Month) 8 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
57	7	1	hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Tavern Owner (retired)
11. Industry or business
FATHER
12. Name Henry Blass
13. Birthplace St Louis Mo. (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Anna Fallert
15. Birthplace St Louis Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant John Bloss
(b) Address 5152 St Louis Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/42 (Month) (Day) (Year)
(c) Place: burial or cremation Int. Valhalla Cem
18. (a) Signature of funeral director Sullivan Bros
(b) Address 2849 N. Euclid Ave.
19. (a) AUG 10 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9nth year 1942 hour 8:10 minute P. M.
21. I hereby certify that I attended the deceased from 7-20-42, 1942 to 8-9, 1942 that I last saw him alive on 8-9-42, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mediastinal Abscess	?
Due to Submental Abscess and neck, Abscess.	10 days
Due to Carcinoma epiglottis	1 year
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 7-21-42. Radon seeds ulceration epiglottis
Of autopsy none.

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 P
23. Signature Dr Verda, Dr Verda M.D. (M. D. or other)
Address Barnard Skin & Cancer Date signed 8-9-42

B

(Licensed Embalmer's Statement on Reverse Side)

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address 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.