V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31750

Registration District No. 318 Filed OCT 28 1942

Primary Registration District No. 1003

Registrar's No. 8580

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: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos. 16 ds. (Specify whether years, months or days)
In this community 63yrs.11mos.1ds.

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis 912
(If outside city or town limits, write "RURAL")
(d) Street No. Roosevelt Hotel(4903 Delmar Bl.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GEORGE BLUTHARDT

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 Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 14, (Day) 1877. (Year)

8. AGE: Years 64 Months 11 Days 1 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Supervisor of Music

11. Industry or business Public Schools

FATHER
12. Name John Bluthardt.
13. Birthplace Unknown (City, town, or country) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Amanda V. Stuart.
15. Birthplace Memphis (City, town, or country) Tennessee 1 (State or foreign country)

16. (a) Informant Mrs Harry E. Frantz.
(b) Address Detroit, Michigan.

17. (a) burial. (Burial, cremation, or removal) (b) Date thereof 10/16/1942. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7233 Delmer Boulevard.

19. (a) OCT 15 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14, year 1942 hour 3:03 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to 10-14-42, 19...
that I last saw him alive on 10-14-42, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	1 yr. x
Due to Vascular Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death) Psychosis with Cerebral Arteriosclerosis	
(2) Hemiplegia, right	

Major findings:
Of operations
Of autopsy No

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? Means of injury

23. Signature Stanley J. Nemes (M. D. or other) MD
Address 5400 Arsenal St. Date signed 10/14/42

(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 Bradford A. Miles

Licensed Embalmer No. 2901

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.