

FILED FEB 1 1943  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1000 Registrar's No. 626

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:  
2606 Louisiana Ave.  
(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

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2606 Louisiana Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles A. Block  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: October 24, 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 2 28 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: Retired

11. Industry or business: \_\_\_\_\_

MOTHER FATHER { 12. Name: Henry W. C. Block  
13. Birthplace: Germany ✓  
(City, town, or county) (State or foreign country)  
14. Maiden name: Elise Buddecke  
15. Birthplace: Germany ✓  
(City, town, or county) (State or foreign country)

16. (a) Informant: A. B. Beckers  
(b) Address: #16 Aberdeen

17. (a) (b) Date thereof: 1 23 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Bellefontaine Cem.

18. (a) Signature of funeral director: Wacker-Heldrich Prod. Co.  
(b) Address: 3634 Gravois Ave.

19. (a) (b) J. F. Buddecke  
(Date registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21  
year 1943 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec 7, 1942 to Jan 21, 1943  
that I last saw him alive on Jan 21, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Left Cerebellar Hemorrhage  
Due to: Arterial Sclerosis

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

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: A. L. Keith (M. D. or other)  
Address: 3606 Gravois Date signed: 1/22/43

Duration  
6 wks  
3 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

---

---

**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 Robert Wheeler

Licensed Embalmer No. 2128

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.**