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7. S. No. 2  
OM-5-42  
rev. 5-17-39  
X3287

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15873

State File No. ....

FILED JUN 9 1943 818

Registration District No. .... Primary Registration District No. **1003** Registrar's No. **4877**

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:  
**St. Louis City Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Mo. 17 Days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **0 0 0**

(a) State..... **Missouri** (b) County..... **17 3**

(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1831 South 9th St.**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Ethel Blattner**

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **25**, year **1943** hour **6:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **April 8**, 19 **43** to **May 25**, 19 **43**; that I last saw him **or** alive on **May 25**, 19 **43**; and that death occurred on the date and hour stated above.

4. Sex **Female** / 5. Color or race **White** / 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Domonick Blattner** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **December 6th, 1872**  
(Month) (Day) (Year)

Immediate cause of death, *Hypertensive Cardio-vascular disease - auricular fibrillation*

Due to.....

Due to..... **93**

8. AGE:	Years	Months	Days	If less than one day
	<b>70</b>	<b>5</b>	<b>19</b>	..... hr. .... min.

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

Other conditions *Old cerebral hemorrhage; chronic cholelithiasis; senile psychosis*

Major findings: *Senile psychosis*

Of operations.....

Of autopsy..... *Above confirmed*

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **John Ochety**

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

14. Maiden name **Marie Banje**

15. Birthplace..... **Hungary 4**  
(City, town, or county) (State or foreign country)

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 *Thomas A. Huettner, M.D.* (M. D. or other)  
Address **1515 Lafayette** Date signed **5/25/43**

16. (a) Informant **Domonick Blattner**

(b) Address **1831 So. 9th St., St. Louis, Mo.**

17. (a) **Cremation** (Burial, cremation, or removal) (b) Date thereof **May 27, 1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director *Witt Bros. L & Co.*

(b) Address **2929 So. Jefferson, St. Louis, Mo.**

19. (a) **MAY 27 1943** (Date received local registrar) (b) *J. F. Brudeck* (Registrar's signature)

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

MOTHER FATHER

**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

*Gustav W. Dietrich*

Licensed Embalmer No.

*4329*

P. O. Address

*2929 S. Jefferson*

**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.**