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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 29 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18922

Registration District No. 317 — Primary Registration District No. 3069 — Registrar's No. 1200

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

96
8
3

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Hts.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's O
(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 St. Louis
(c) City or town Brentwood 96
(If outside city or town limits, write "RURAL")
(d) Street No. 8835 N. Pine Blvd.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME KAREN ANN BLINZINGER
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F 1
5. Color or race W
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 APR. (Month) 27 (Day) 1942 (Year)

8. AGE: Years	Months	Days	If less than one day
1		22	..... hr. ..... min.

9. Birthplace St. Louis Co. (City, town, or county) O (State or foreign country)
10. Usual occupation Infant
11. Industry or business .....
FATHER
12. Name Armand J. Blinzinger
13. Birthplace St. Louis (City, town, or county) Mo O (State or foreign country)
MOTHER
14. Maiden name Darlene Jennings
15. Birthplace St. Louis (City, town, or county) Mo O (State or foreign country)
16. (a) Informant Darlene Blinzinger
(b) Address 8835 N. Pine
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 5-22-1943 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) MAY 22 1943 (Date received local registrar) (b) C. G. McKinney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1943 hour 4 minute P. M.
21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Asphixiation by strangulation

Due to Many petechial hemorrhages in skin of head and

Due to neck

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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) Accident
(b) Date of occurrence 0 96
(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 .....
23. Signature Louis H. Bo[illegible] (M. D. or other) Coroner
Address Kirkwood, Mo Date signed .....

(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.....

Licensed Embalmer No. 4029

P. O. Address. Maplewood

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.