

JUN 19 1943  
Registration District No. 818

Primary Registration District No.

1003

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Pacific Hospital  
(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)

3. (a) PRINT FULL NAME Mario Bladok

3. (b) If veteran, name war None 3. (c) Social Security No. 702-16-9694

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Late Albert E. Bladok 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased aug 2-8 1897  
(Month) (Day) (Year)

8. AGE: Years 45 Months 10 Days 8 If less than one day hr. min.

9. Birthplace Dutzow, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Stenographer

11. Industry or business Mo. Pacific R.R.

12. Name Leo B. Dieckhaus

13. Birthplace Dutzow, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Teimann

15. Birthplace Washington, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Jr. Dieckhaus

(b) Address 4910 Bonita Ave.

17. (a) Burial (b) Date thereof 6-12-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem. St. Peter & Paul

18. (a) Signature of funeral director Friegshauer Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUN 11 1943 (b) J. Bladok  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis 27  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4910 Bonita Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 10  
year 1943 hour 1 minute 15 or M.

21. I hereby certify that I attended the deceased from 5-1  
1943 to 6-10, 1943,  
that I last saw h. or alive on 6-9, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral pyonophrosis  
Non-calculeous

Due to Bilateral nephrolithiasis

Due to and

Other conditions (Include pregnancy within 3 months of death) 1/3 H

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

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Harry S. Gas (M. D. or other)  
Address Mo. Pac. Hospital Date signed 6/10/43

**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 *Richard W. Stoussens*

Licensed Embalmer No. *4007*

P. O. Address.....

**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.**