

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25977

FILED JUL 1 1943

State File No. \_\_\_\_\_  
Registrar's No. 1592

Registration District No. 577

Primary Registration District No. 6076

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Desmay  
(c) Name of hospital or institution:  
Mount St. Rose Sanatorium  
(d) Length of stay: In hospital or institution 11/28/41 to 7/9/43  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(d) Street No. 3622 Mac Donald Ave.  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Blanda  
3. (b) If veteran, name war \*\*\*\*  
3. (c) Social Security No. 488-09-6751

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 9  
year 1943 hour 1 minute 45 A.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Juliana Blanda  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 17 1873  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 28, 1941, to July 9, 1943  
that I last saw him alive on July 8, 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
69 6 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Tuberculosis  
Duration \_\_\_\_\_

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

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

10. Usual occupation Stove Moulder

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

MOTHER, FATHER {  
11. Industry or business \_\_\_\_\_  
12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy None done  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant \_\_\_\_\_  
(b) Address 3622 Mac Donald Ave.  
17. (a) Burial, (b) Date thereof 7/12/43  
(c) Place: burial or cremation Old SS Peter & Paul  
18. (a) Signature of funeral director W. B. Moyall  
(b) Address 1926 Allen Ave.  
19. (a) JUL 12 1943 (b) C. G. McDemery  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
(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 W. B. Moyall M.D. (M. D. or other)  
Address Mt. St. Rose Date signed 7-9-43

JUL 20 1943

Pa 75-24

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. *me*  
..... working under my personal supervision.

Signed

*A. M. Award*

Licensed Embalmer No. *3741*

P. O. Address *1926 Allen*

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.