

**FILED AUG 18 1943 318**

Registration District No. \_\_\_\_\_

Primary Registration District No. **003**

Registrar's No. **7271**

**1. PLACE OF DEATH:**  
 (a) County \_\_\_\_\_  
 (b) City or town **St. Louis Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**5479 Geneviena 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 **40 Yrs**  
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. **5479 Geneviena Ave**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Joseph Bleile**  
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Aug** day **11**  
 year **1943** hour **7.30 AM** minute \_\_\_\_\_ M.  
**21. I hereby certify that I attended the deceased from** **May**  
 \_\_\_\_\_, 19**41**, to **aug. 11**, 19**43**  
 that I last saw him alive on **aug 8**, 19**43**  
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Mary Baur Bleile** 6. (c) Age of husband or wife if alive **70** years  
 7. Birth date of deceased **Dec 20 1869**  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
**arterio-scleroses**  
 Due to \_\_\_\_\_  
**General hypertension**  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
**DM**

Duration  
**Don't know**  
**Don't know**  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**8. AGE:** Years Months Days If less than one day  
**73 78 22** hr. \_\_\_\_\_ min.

9. Birthplace **Germany** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation **Butcher Retired 9 Yrs**

11. Industry or business **Sieloff Packing Co**

**MOTHER FATHER**  
 { 12. Name **Joseph Bleile**  
 { 13. Birthplace **Germany** \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name **Unknown**  
 { 15. Birthplace **Unknown** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Mary Baeile**

(b) Address **5479 Geneviena Ave**

17. (a) **Burial** (b) Date thereof **8 14 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Kriegshauser Und Co**

(b) Address **4228 So. Kinghighway Blvd**

19. (a) **AUG 12 1943** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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 **R. R. Monoran** (M, D. or other) **MD**  
 Address **5330 Gerald Ave** Date signed **8/12/43**

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

Dr R.R. Menown

5330 Geraldine Ave

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**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 Storvick*

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.**