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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. **11072**

FILED DEC 29 1943 18  
 Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**  
 (a) County St. Louis, Missouri  
 (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  
Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 Days  
(Specify whether)  
 In this community Life  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County 000  
 (c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3322 Minnesota Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? 0- (Yes or No)  
 If yes, name country 0

**3. (a) PRINT FULL NAME** Mollie Bleitner  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** Female **5. Color or race** White **6. (a) Single, widowed, married, divorced, or** Married  
**6. (b) Name of husband or wife** Edward J. Bleitner **6. (c) Age of husband or wife if alive** 64 years  
**7. Birth date of deceased** July 15, 1886  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>57</u>	<u>4</u>	<u>27</u>	hr. _____ min. _____

**9. Birthplace** St. Louis, Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Home

**11. Industry or business** \_\_\_\_\_

**MOTHER, FATHER**

**12. Name** George Boettinger  
**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** Edward J. Bleitner

**(b) Address** 3322 Minnesota Ave.

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

**(c) Place: burial or cremation** Old SS Peter & Paul Cem.

**18. (a) Signature of funeral director** Wacker-Helderle

**(b) Address** 3634 Gravois Ave.

**19. (a)** DEC 14 1943 **(b)** J. F. Budeck  
(Date received from doctor) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month December day 12,  
 year 1943 hour 10:50 minute P. M.

**21. I hereby certify that I attended the deceased from** December 10,  
1943, to December 12, 1943;  
 that I last saw her alive on December 12, 1943;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberc pneumonia  
 Duration \_\_\_\_\_

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

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

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

Major findings:  
 Of operations none  
 Of autopsy none

**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) none

(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)  
 - Means of injury \_\_\_\_\_

**23. Signature** Frank Steinberg **(M. D. or other)** M.D.  
**Address** 1515 Lafayette Avenue, **Date signed** 12/13/43

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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..... *Frank J. Ireland*  
Licensed Embalmer No. *2645*  
P. O. Address *St Louis*

**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.**