

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____

Registrar's No. _____

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

ED MAR 27 1944 318
Registration District No. _____

Primary Registration District No. _____

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 4528 So. Grand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 Years (Specify whether years, months or days)

In this community 60 Years

3. (a) PRINT FULL NAME John Blauner

3. (b) If veteran, name war no

3. (c) Social Security No. 491-18-0381

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Jan. 8 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

10. Usual occupation Metal Work Foreman

11. Industry or business S.G. Adams Metal Works

MOTHER } 12. Name John Blauner Sr.

13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Blauner

(b) Address 4528 So. Grand

17. (a) burial (b) Date thereof 3-20-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director J. Schumacher

(b) Address 3013 Meramec

19. (a) MAR 20 1944 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4528 So. Grand
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th.
year 1944 hour 4 minute A.M. M.

21. I hereby certify that I attended the deceased from February 1, 1944, to March 18, 1944
that I last saw him alive on March 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death General Thrombosis Duration 2 mo

Due to 85

Due to 80

Other conditions General arteriosclerosis
(Include pregnancy within 3 months of death)

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 Hervey M. Meyer (M. D. or other) mo
Address 508 N. Grand Date signed 3/18/44

Dr. Horn, Buyer
Mrd. Meeg
1-4

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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis Mo

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.