

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14615

FILED MAY 8 1944

Registration District No. 179

Primary Registration District No. 4193

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
509 Schiller St.
(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 Harry Sylvester Blake, Jr.
FULL NAME

3. (b) If veteran, ☒ name war _____ 3. (c) Social Security
No. ✓

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

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

7. Birth date of deceased April 3, 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
✓ ✓ 4 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Harry Blake
13. Birthplace Warren County, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Wenmeyer, Sylvia
15. Birthplace Gasconade, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Harry Blake
(b) Address Hermann, Mo.

17. (a) Burial (b) Date thereof April 8, 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hermann, Mo.

18. (a) Signature of funeral director H. Rudiger
(b) Address Hermann, Mo.

19. (a) April 8/44 (b) A. H. Siedler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gasconade
(c) City or town Hermann
(If outside city or town limits, write "RURAL")
(d) Street No. 509 Schiller St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1944 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from April 3,
1944, 19 to April 7, 1944
that I last saw him alive on April 7, 1944, 19
and that death occurred on the date and hour stated above.

Immediate cause of death premature birth Duration 3 days

Due to _____

Due to _____

Other conditions _____
(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 W. H. Siedler (M. D. or other) _____
Address Hermann, Mo. Date signed 4/8/44

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-5-44

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2044

P. O. Address Herman Ke

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.