

Registration District No. **1944318**

Primary Registration District No. **1003**

Registrar's No. **5961**

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: **1429 Salisbury 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 **LIFE** years, months or days)

3. (a) PRINT FULL NAME **Louise Blecke**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married **Single**
6. (b) Name of husband or wife = _____ 6. (c) Age of husband or wife if alive = **26** years (Day) (Year)

7. Birth date of deceased **SEPT 26 1875**
(Month) (Day) (Year)

8. AGE: Years **68** Months **9** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis** (City, town, or county) **0** (State or foreign country)

10. Usual occupation **nil**

11. Industry or business _____

12. Name **Fredrick Blecke** 13. Birthplace **Germany** (City, town, or county) (State or foreign country)

14. Maiden name **Karoline Dorlich** 15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Arthur F. Auble** (b) Address **6210 Sexton Pl**

17. (a) **Burial** (b) Date thereof **July 5 1944** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **new Pühlichum**

18. (a) Signature of funeral director **Blediermedy Jannotta** (b) Address **1936 St Louis**

19. (a) **JUL 4 1944** (b) **J. B. Bredece** (Date received local registrar) (Registrar's signature)

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. **1429 Salisbury St** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **3rd** year **1944** hour **9 AM** minute _____ M.
21. I hereby certify that I attended the deceased from **April 30, 44** to **July 1, 1944** that I last saw her alive on **July 1, 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **hepatic cirrhosis (unclassified) 3 yrs**
Due to **liver disease**
Due to **1/2/44**
Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings: Of operations _____ Of autopsy _____ 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) (c) Means of injury **0**
Signature **Caro E. Ottensbach** (M. D. or other) **M.D.**
Address **1509 Bremen W.** Date signed _____

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

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.....

John Ketter

Licensed Embalmer No.....

3880

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.