

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22416

State File No. _____

FILED JUL 1 1944
217

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 1405

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. May 26, 1944
(Specify whether)

In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis County

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7057 Stanford Avenue
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME BLOCH, Lewis

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th, year 1944 hour 3:40 minute A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Lena Bloch

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Jan. 28, 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 26, 1944 to June 27, 1944
that I last saw h. in alive on June 27, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 4 Days 29 If less than one day _____ hr. _____ min.

Immediate cause of death CARCINOMA, RECTOSIGMOID. Unknown

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

Due to -

Due to -

10. Usual occupation Candy Salesman

Other conditions None.
(Include pregnancy within 3 months of death)

11. Industry or business -

Major findings: Of operations Colostomy, 6/1/44.

MOTHER FATHER { 12. Name Bernard Bloch

13. Birthplace Unknown Bohemia
(City, town, or county) (State or foreign country)

14. Maiden name Marie Kline

15. Birthplace Unknown Bohemia
(City, town, or county) (State or foreign country)

Of autopsy No autopsy.

PHYSICIAN -
Underline the cause to which death should be charged statistically.

16. (a) Informant M. Schellig
(b) Address Clinical Clerk, VAF, Jeff. Brks., Mo.

22. If death was due to external causes, fill in the following:

17. (a) BURIAL (b) Date thereof 6-29-44
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. SINAI CEM.

(c) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence _____

18. (a) Signature of funeral director Herman K... Delmer

(b) Address 746 Delmer

19. (a) JUN 29 1944 (b) L. M. Cochran
(Date received local registrar) (Registrar's signature)

(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? _____

(Specify type of place) _____ Means of injury _____

23. Signature L. M. COCHRAN, Lt. Col. U.S.A.

Address CHIEF MEDICAL OFFICER Date signed 6/27/44

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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

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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.

on

Signed John Ketter
Licensed Embalmer No. 3880
P. O. Address 4356 Washu

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.