

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

FILED AUG 8 1944  
Registration District No. **818**

Primary Registration District No. **1005**

Registrar's No. **6624**

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

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:  
ST. JOHNS HOSPITAL  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 17  
(If outside city or town limits, write "RURAL") 179

(d) Street No. 3217A LAFAYETTE AV.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME ROBERT L. BLOCK

3. (b) If veteran, name war NO

3. (c) Social Security No. 498-20-4091

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 26  
year 1944 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from  
June 28 1944 to July 25 1944  
that I last saw him alive on 7-25 1944  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased FEBRUARY - 25 - 1924  
(Month) (Day) (Year)

Immediate cause of death Pulmonary embolus Duration 5 min.

Due to Rheumatic heart disease with combined aortic and mitral valvular dis. + congestive failure. 6 years

Other conditions none  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

20	5	1	
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hr. min.

Major findings: Of operations none

Of autopsy none

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

9. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation SHIP FITTER

11. Industry or business MOORE DRY DOCKS

12. Name LEWIS L. BLOCK

13. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

14. Maiden name HELEN DEBRECHT

15. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mr. Lewis L. Block

(b) Address 3217A Lafayette Av.

17. (a) BURIAL (b) Date thereof JULY 29 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY Cem.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 LAFAYETTE AV.

19. (a) JUL 28 1944 J. B. Brudick  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature John Hammond (M. D. or other)  
Address 634 W. Grand Date signed 7/27/44

FILE NO.

9/2/21

**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.**