

FILED DEC 9 1944 18

Registrar's No. 10172

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2846 S.18 Str.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 53 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME George J. Blase

3. (b) If veteran, name war No 3. (c) Social Security No. 492.09, 1105

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

6. (b) Name of husband or wife Evelyn Blase 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 11 1891
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 18 If less than one day
hr. _____ min. _____

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

10. Usual occupation Box Maker

11. Industry or business _____

12. Name Geogge Blase

13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mary Abel

15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Evelyn Blase

(b) Address 2846 S.18 Str

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/44
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director W. G. Mandell

(b) Address 1926 Allen Ave.

19. (a) NOV 23 1944 (Date received from Registrar) J. F. Branch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 1778 1/2
(d) Street No. 2846 S.18 Str. (If rural, give location) 1/2
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 29
year 1944 hour 4 minute _____ A. M.

21. I hereby certify that I attended the deceased from Jan 1943 to Nov 28 1944
that I last saw him alive on Nov 28 and that death occurred on the date and hour stated above. 19. 44
Immediate cause of death Quarantined Pneumonia 3 yrs Trachea Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none Of autopsy none PHYSICIAN _____

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. S. [unclear] (M. D. or other) MD
Address 1803 Bellvue Date signed 11-23-44

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

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179

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 H. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen av

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.