

No. 2  
5-43  
5-17-39  
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UNITED STATES OF AMERICA  
STANDARD CERTIFICATE OF DEATH

State File No. 59  
Registrar's No. 53

Filed JAN 20 1945 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: City Sanitarium  
(d) Length of stay: In hospital or institution 1 yr  
In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(d) Street No. City Sanitarium  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Fredrick Bliss  
3. (b) If veteran, name war XX  
3. (c) Social Security No. XX

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 1st  
year 1945 hour 9:00 minute 15 P. M.  
21. I hereby certify that I attended the deceased from

4. Sex Male 0  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Elizabeth Bliss  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased April 9 1877  
(Month) (Day) (Year)

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 8 Days 23  
If less than one day hr. min.

Immediate cause of death: *Dissected together at frontal and parietal bones subarachnoid hemorrhage of brain on left side. Subdural hematoma old compressing the left cerebral hemisphere. Cause and manner of same could not be determined.*  
Other conditions: *Open Verdict*  
(Include pregnancy within 3 months of death)

9. Birthplace Lebanon Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation Shipping Clerk

Major findings: 195  
Of operations  
Of autopsy

11. Industry or business  
12. Name Christ Bliss  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Helen Rausch  
15. Birthplace Germany  
(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) *Open Verdict*  
(b) Date of occurrence *Undetermined*  
(c) Where did injury occur? *St. Louis Mo*  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Mrs Lillian Gockel  
(b) Address 4123 Beethoven Ave.  
17. (a) Burial (b) Date thereof 1/4/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation S.S. Peter & Paul Cem  
18. (a) Signature of funeral director J.L. Ziegenhein & Sons  
(b) Address 7027 Gravois Ave.  
19. (a) JAN 4 1945 J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (b) Means of injury *As above*  
23. Signature *Dr. Fred A. Gray* (M. D. or other) *000*  
Address *St. Louis Mo* Date signed *1/3/45*

APR 2 1945

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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.

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 7027 Gravois

**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.