

S. No. 2
M-2-43
5-17-39
-1 X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31696

State File No. _____

8767

FILED OCT 19 1945
Registration District No. 318

Primary Registration District No. 1002

Registrar's No. _____

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

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:
St. John's Hospital 0
(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 _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2638 Ann Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME George F. Block

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
year 1945 hour 10⁰⁰ minute A M.

4. Sex Male (1) 5. Color or race White

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

6. (b) Name of husband or wife Eda

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

7. Birth date of deceased Nov. 26 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-31, 1944 to 10-8, 1945
that I last saw h. 10⁰⁰ alive on 10-8 and that death occurred on the date and hour stated above.

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

<u>73</u>	<u>10</u>	<u>12</u>	hr. _____ min.
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Immediate cause of death

Due to Arteriosclerotic Heart Disease

9. Birthplace Warren Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

Other conditions (Include pregnancy within 3 months of death) 9/3

Major findings:
Of operations _____

MOTHER FATHER {

11. Industry or business _____

12. Name George F. Block

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

Of autopsy _____

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

16. (a) Informant Mrs. Eda Block

(b) Address 2638 Ann Ave.

17. (a) Burial (b) Date thereof 10-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 10 1945 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

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 Ambrill Belg (M. D. or other) _____
Address _____ Date signed 10-9-45

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

W. Wilkinson

Licensed Embalmer No.

3575

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.