

FILED JAN 28 1946

1003

Registrar 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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 6911 Ira
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Robert G. Blattner, Sr.

3. (b) If veteran, name war No

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Ethel D. Blattner
6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased August 19, 1894.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 4 17 hr. min.

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

10. Usual occupation Public Accountant

11. Industry or business Self

MOTHER FATHER

12. Name John Blattner

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

14. Maiden name Amelia Pfroender

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

16. (a) Informant Mrs. Ethel Blattner

(b) Address 6911 Ira Ave

17. (a) burial (b) Date thereof Jan 9, 1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) JAN 7 1946 (b) J. P. Redick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th
year 1946 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Mar 1944 to Jan 6 1946
that I last saw him alive on Jan 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate with metastasis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 51

Major findings: Of operations _____
Of autopsy Carcinoma of prostate with metastasis
Underline the cause to which death should be charged statistically.

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?

23. Signature G. H. Kiley (M. D. or other) _____
Address 3121 N. Grand Date signed 1/7/46

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

3121 N. Row
8-4 PM

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 Ralph Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo

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.