S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 26 1946

State File No. 6655

Registration District No. 273 Primary Registration District No. 5920 Registrar's No. 4

19
8

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural Union Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Biehle, Mo. R. I.
(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 Mo. (b) County Perry 19

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Biehle, R. I.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Joseph Hugo Blechle

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Mary Unterreiner

6. (c) Age of ~~husband or~~ wife if alive 63 years

7. Birth date of deceased October 15 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	2	27	..... hr. ..... min.

9. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Hugo Blechle
13. Birthplace Perry County, Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Anselm
15. Birthplace Perry County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Blechle
(b) Address Biehle, Mo. R. I.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1-14-1946
(Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Schnurbusch, Mo.

18. (a) Signature of ~~funeral~~ director Bey Funeral Home
(b) Address Perryville, Mo.

19. (a) Jan 13, 1946 (Date received local registrar) (b) Jos J Zoellner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12th year 1946 hour 9:10 minute A. M.

21. I hereby certify that I attended the deceased from Nov 15, 1945 to Jan 12, 1946 that I last saw him alive on Jan 11, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy - Cerebral	2 min
Due to Hypertension	5 yrs
Due to Arteriosclerosis	5 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature O A Carron (M. D. ~~or other~~)

Address 1-12-46. Perryville Mo. Date signed

250

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

File Number 246-1758

Date Filed 2-25-46

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 Albert Bey

Licensed Embalmer No. 3866.

P. O. Address Perryville, 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.