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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1946

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34942

Primary Registration District No. 1003

Registrar's No. 9263

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:
Enroute City Hospital 3
(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 St. Louis 96

(c) City or town 7727 Country Club Ct. N.R. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 7727 Country Club Court. 3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Paul C. Bleibtreu

3. (b) If veteran, name war WW1

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Gladdice Bleibtreu

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March (Month) 2 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	7	26	hr. min.

9. Birthplace Cape Girardeau (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Attorney

11. Industry or business Connecticut Mutual Ins. Co.

FATHER
12. Name E.L. Bleibtreu 4
13. Birthplace (City, town, or county) Germany 1 (State or foreign country)

MOTHER
14. Maiden name Katherine Meyer
15. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Mrs. Gladdice Bleibtreuu
(b) Address 7727 Country Club Ct. St. L. Co. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director C. Hoffmeister U.&L. Co.
(b) Address 7814 S. Broadway

19. (a) OCT 29 1946 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28 year 1946 hour 4 minute 14 P M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Phenol poisoning Self Administered when he was found in the men's wash room on the 12th floor of the Arcade Bldg. on Oct 28 1946

Due to About 4:14 P.M.

Duration

Other conditions
(Include pregnancy within 3 months of death)

163 B

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) Suicide

(b) Date of occurrence Oct 28 1946

(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? Public Bldg (Specify type of place)

While at work? (e) Means of injury Is above

23. Signature Robert E. Day Mr (M. D. or other) 3

Address Dy Co Date signed 10/29/46

(Licensed Embalmer's Statement on Reverse Side)

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. Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7514 S. Broadway

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.