7. S. No. 2
00M—5-43
ev. 5-17-39
o 1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10759

FILED MAR 24 1947

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. 2605

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Kirkwood 22
(If outside city or town limits, write "RURAL")

(d) Street No. Greenbriar Hills Country Club
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John B. Dornblaser

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 24 (Day) 1869 (Year)

8. AGE: Years 77 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Assumption (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired Accountant

11. Industry or business Western Union

MOTHER FATHER

12. Name Benjamin Dornblaser

13. Birthplace Lockhaven (City, town, or county) Penn. (State or foreign country)

14. Maiden name Sarah Foster

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

16. (a) Informant Joseph Schairer

(b) Address Greenbriar Hills Co. Club

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/12/47 (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Ill

18. (a) Signature of funeral director Meyer-Pfitzinger Fun. Dir. Inc.

(b) Address Kirkwood Mo

19. (a) MAR 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1947 hour 1:30 minute P.M.

21. I hereby certify that I attended the deceased from 3/1 1946 to 3/11 1947 that I last saw him alive on 3/11 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute cardiac dilatation	1 day
Due to Chronic myocarditis	3 yrs
Due to Chronic nephritis	2 yrs
Other conditions Chronic prostatitis (Include pregnancy within 3 months of death)	3 yrs

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 C. A. Shedie (M. D. or other) MD

Address Kirkwood, Mo Date signed 3/12/47

(Licensed Embalmer's Statement on Reverse Side)

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

APR 21 1947

AUG 1947

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.....John M. Meyer.....

Licensed Embalmer No.....5088.....

P.O. Address.....Kirkwood 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.