. S. No. 2
DM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

State File No. 28851

Registration District No. 318 Primary Registration District No. Registrar's No. 3064

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

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. John's Hospital O
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5354 Murdoch 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 14
If yes, name country

3. (a) PRINT FULL NAME ERNST BLOSS
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josephine
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Mar. (Month) 18 (Day) 1875 (Year)

8. AGE: Years 72 Months 5 Days 5 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Plumber
11. Industry or business

FATHER
12. Name August Bloss
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Augusta Ebensberger
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Josephine Bloss
(b) Address 5354 Murdoch
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 2428 So. Kingshighway Bl.
19. (a) Date received by registrar AUG 25 1947 (b) J. F. Broeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23 year 1947 hour 8:05 minute P. M.

21. I hereby certify that I attended the deceased from Aug 18, 1947 to Aug 23, 1947 that I last saw him alive on Aug 23, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Volvulus small intestine — Duration
Due to
Due to
Other conditions. (Include pregnancy within 3 months of death) Hypertension, Generalized arteriosclerosis
Major findings:
Of operations Volvulus small intestine
Of autopsy

PHYSICIAN
Underline the cause of 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? O
While at work? (Specify type of place) (e) Means of injury
23. Signature Thomas A. Poles, M.D. (M. D. or other)
Address 4922 Hampton Date signed 8/25/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Harry Remington 2-4

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 Richard W Storrsand

Licensed Embalmer No. 4007

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.