S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947 #73278

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32336

Registrar's No. 8884

1. PLACE OF DEATH:
(a) County: St. Louis, Missouri.
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff (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: 099
(c) City or town: St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No.: 2255 Shenandoah 9 (If rural, give location) Memorial 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ROBERT BLASER
3. (b) If veteran, name war: no
3. (c) Social Security No.: 489-05-2500
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May 23 1878 (Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 28 If less than one day hr. min.
9. Birthplace: Switzerland (City, town, or country) (State or foreign country)
10. Usual occupation: Beer Bottler
11. Industry or business:
MOTHER FATHER
12. Name: Fred Blaser
13. Birthplace: Switzerland (City, town, or county) (State or foreign country)
14. Maiden name: Maria Burke
15. Birthplace: Switzerland (City, town, or county) (State or foreign country)
16. (a) Informant: Mary Blaser (Daughter)
(b) Address: 2255 Shenandoah
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 9-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mo. Crematory
18. (a) Signature of funeral director: Witt Bro. Undertaking Co.
(b) Address: 2929 S. Jefferson Av.
19. (a) SEP 23 1947 (Date received local registrar) (b) W. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 21st year 1947 hour 7:45 minute P M.
21. I hereby certify that I attended the deceased from 7/11/47, 19..., to Sept. 21st 19 47 that I last saw him alive on Sept. 21st 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death: 1) Cerebrovascular Accident 2) Arteriosclerotic Heart Disease — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: Lung Abscess (Right)
Non-tubercular Cause not determined

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: James L. Womble (M. D. or other)
Address: 1515 Lafayette Date signed: 9/22/47
James Womble.

Jefferson City Printing Co. (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 Davis, Registered Apprentice No., working under my personal supervision.

Signed E. F. Witt

Licensed Embalmer No. 2117

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.