S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33271

FILED SEP 29 1947

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1958

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural Bonhomme Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barretts Station Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Rural-Valley Park-R#13 0
(If outside city or town limits, write "RURAL")
(d) Street No. Barretts Station Road 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Peter C. Blase

3. (b) If veteran, name war None

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 Louise Blase

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Aug. 27, 1869 (Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 18 If less than one day hr. min.

9. Birthplace St. Louis County, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Farm Laborer (Retired)

11. Industry or business Edw. Loehr

FATHER
12. Name Henry Blase
13. Birthplace German y 4 (City, town, or county) (State or foreign country)

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

16. (a) Informant Clarence Blase
(b) Address Valley Park, Mo. R#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Cem., Des Peres, Mo.

18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Baldwin, Mo.

19. (a) 9-18-47 (Date received local registrar) (b) Cecil J. Shaw MD (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15
year 1947 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from July, 1945 to Jan 29, 1947;
~~that I~~ last saw him alive on March 22, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death
Head arteriosclerosis associated with attacks of epilepsy and glomerulonephritis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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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 0

23. Signature E. B. Waters (M. D. ~~or other~~)
Address Kirkwood, Mo Date signed 9/16/47

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..... Registered Apprentice No..... working under my personal supervision.

Signed Harry F. Schrader

Licensed Embalmer No. 2091

P. O. Address Ballwin 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.