S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED FEB 20 1948

State File No. 1276

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

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: Memorial Home 2609 So. Grand Bl. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Years (Specify whether
In this community 57 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2609 So. Grand Bl. 9
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME CHRISTIAN H. BLOCK

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Late Alvina N.

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

7. Birth date of deceased Aug. (Month) 15 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	5	21	hr. min.

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

10. Usual occupation Grocery Store Prop.

11. Industry or business (retired 6 years)

FATHER
12. Name George W. Block
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

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

16. (a) Informant George W. Block
(b) Address 6011 Magnolia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) FEB 6 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6
year 1948 hour 9:40 minute A. M.

21. I hereby certify that I attended the deceased from Apr. 1946 to Feb. 6 1948;
that I last saw him alive on Feb. 4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Senility

Due to

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.

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 Edward J. Helbing (M. D. or other) MD
Address 3903 Olive Date signed 2-6-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) St. Louis 8 Mo.

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 N. Stovesand

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.