

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24909

FILED AUG 13 1948

Registration District No. _____

Primary Registration District No. 3069

Registrar's No. _____

1034

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 weeks
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME June Marie Block

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 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: July 16 1948
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Richmond Heights Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Anthony Block
13. Birthplace Affton Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Schlecht
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Anthony Block
(b) Address Fenton, Missouri

17. (a) Burial (b) Date thereof 7/31/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Cem. Fenton Mo

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

(b) Address Kirkwood & Fenton Mo

19. (a) 7-31-48 (b) June Marie Block
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Fenton
(If outside city or town limits, write "RURAL")
(d) Street No. N. Main St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1948 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 7/16/48
11:55 pm 1948 to 7/30/48 1948
that I last saw him alive on 7/20/48 6:30 AM
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Hydrocephalus
Left parietal
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death.)

Major findings:
Of operations _____

Of autopsy _____

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 Paul H. Security (M. D. or other) _____
Address 508 N. Grand Date signed 7/31/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

St. Bernard W. Security Metropolitan Bldg. 10-3006

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

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. 13285
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.