

3-00  
10-47  
17-39  
3908

**FILED AUG 23 1948**  
Registration District No. **1003**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St Louis**  
(b) City or town **St Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Lutheran Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9 Days**  
(Specify whether)  
In this community **Life**  
years, months or days

3. (a) PRINT FULL NAME **Frederick W Blind**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **M**  
5. Color or race **W**  
6. (a) Single, widowed, married, divorced **M**  
6. (b) Name of husband or wife **Theresa**  
6. (c) Age of husband or wife if alive **55** years  
7. Birth date of deceased **Feb 25 1893**  
(Month) (Day) (Year)

8. AGE: Years **55** Months **5** Days **16**  
If less than one day hr. min.

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

10. Usual occupation **Electrician**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Fred Blind**  
13. Birthplace **St Louis** **Mo**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Gilbert**  
15. Birthplace **New York**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Theresa Blind**  
(b) Address **5627 Lisette**

17. (a) **Burial** (b) Date thereof **8/11/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Paul Churchyard**  
**J L Ziegenhein & Sons**

18. (a) Signature of funeral director **7027 Gravois**  
(b) Address **J. J. Beedick**

19. (a) **AUG 12 1948** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **ood**  
(c) City or town **St Louis** **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5627 Lisette** **9**  
(If rural, give location)  
(e) Citizen of foreign country? **2** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **11**  
year **1948** hour **9** minute **30** p. M.

21. I hereby certify that I attended the deceased from **Aug 22**  
19 **48** to **Aug 11** 19 **48**  
that I last saw him alive on **Aug 11** 19 **48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Heart disease**  
**Myocardial infarction**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration **1 wk**  
PHYSICIAN  
Underline the cause to 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? (c) Means of injury \_\_\_\_\_

23. Signature **Arnold S. Klein** (M. D. or other) **MD**  
Address **2632 S. Kingshighway** Date signed **8/12/48**

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**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 *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address. *7027 Gravois*

**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.**