FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 1818

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27522 7380

Registrar's No.

1. PLACE OF DEATH:

(a) County: 110

(b) City or town: St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 17 (Specify whether)

In this community: (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: 000

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

(d) Street No.: 1545 A.D. 3rd St 9
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: BABY BLOCKEN

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M 2 5. Color or race: Negro

6. (a) Single, widowed, married, divorced: S 0

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Aug (Month) - 21 (Day) - 1948 (Year)

8. AGE: Years | Months | Days | If less than one day: 1 hr. 30 min.

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

10. Usual occupation: Infant

11. Industry or business:

MOTHER

12. Name: Vilan Albert

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

FATHER

14. Maiden name: Vilan Blocken

15. Birthplace: (City, town, or county) (State or foreign country) 9

16. (a) Informant: Vilan Blocken

(b) Address: 1545 N. 3rd St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8 23 48 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvedale Cemetery

18. (a) Signature of funeral director: E. J. Burke

(b) Address: 212 Chestnut

19. AUG 23 1948 (Date received by Registrar) (Registrar's signature) J. F. Bredeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 21 ST
year: 1948 hour: 10 minute: 15 A.M.

21. I hereby certify that I attended the deceased from Aug 20 1948, to Aug 21 1948, that I last saw h.i.m. alive on Aug 21 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 1	
Major findings: Of operations:	
Of autopsy:	

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: W. D. Clopp (M. D. or other) M.D.

Address: 1105 N Sarah Date signed: 8-23-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY—USING 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_____

Licensed Embalmer No._____

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.