

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16976**

FILED MAY 19 1949

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **6054** Registrar's No. **92**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN Rural-St. Charles Township)		c. CITY (If outside corporate limits, write RURAL and give township OR TOWN Rural - St. Charles Township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R.#2, St. Charles		d. STREET ADDRESS (If rural, give location) R.R. #2	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) _____ c. (Last) Blase	4. DATE OF DEATH (Month) (Day) (Year) April 30, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 19, 1868	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 5 Days 11	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) St. Charles County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Herman Blase	13b. MOTHER'S MAIDEN NAME Marie Adelheid Meyer	14. NAME OF HUSBAND OR WIFE Anna Blase (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Reinhart Blase ADDRESS St. Charles, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive and arteriosclerotic heart disease		unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension		unknown
DUE TO (c) Arteriosclerotic Heart Disease		unknown	443X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from **February 19, 1949**, to **April 1949**, that I last saw the deceased alive on **April 30, 1949**, and that death occurred at **3:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. O. Hayden, M.D.	23b. ADDRESS 207 N. 5th St. St. Charles, Mo.	23c. DATE SIGNED May 4, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 3, 1949	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles County, Mo.
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DATE REC'D BY LOCAL REG. May 9-49	REGISTRAR'S SIGNATURE F. Annis Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE Hedmann, Baw, Inc & Charles, MO ADDRESS 794
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7200

RECEIVED
District Health Officer No. 9
District File Number
Date Filed MAY 18 1949

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Charles J. Macke

Signed.....

Student Embalmer

Licensed Embalmer No. *4530*

P. O. Address *St. Charles, 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.