No. 300
10.48

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

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 20789

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 5439

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 4
c. LENGTH OF STAY (In this place) 65 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bernard Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Mo
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~St. Louis~~ University City 3
d. STREET ADDRESS (If rural, give location) ~~7170 Delmar~~ 2822 Market St

3. NAME OF DECEASED (Type or Print)
a. (First) PAUL
b. (Middle) (Jake Bloch)
c. (Last) BLOCK (Bloch)

4. DATE OF DEATH (Month) June (Day) 23 (Year) 1949

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Aug. 15, 1869

9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia 6

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Nathan Bloch

13b. MOTHER'S MAIDEN NAME Tillie Unk

14. NAME OF HUSBAND OR WIFE Celia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Nathan Block **ADDRESS** 5755 Kingsbury

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio Sclerosis — years

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/7, 1948, *to* 6/23, 1949, *that I last saw the deceased alive on* 6/23, 1949, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Milton E. Strauss (Degree or title) M.D.
23b. ADDRESS 539 N. Grand
23c. DATE SIGNED 6/23/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6/24/49
24c. NAME OF CEMETERY OR CREMATORY. Chesed Shel Emeth
24d. LOCATION (City, town, or county) (State) University City Mo.

DATE REC'D BY LOCAL REG. JUN 24 1949
REGISTRAR'S SIGNATURE J. B. Sanders
25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial ADDRESS 471 5 McPherson

(Licensed Embalmer's Statement on Reverse Side)

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4829

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.

City
~~State~~ of ..... } ss.
County of .....

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. .....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5-439

On this 29th day of June, 1949, before me appears Nathan Block, who, upon his oath, states that the original record of ~~birth~~ death for Paul Block, ~~born~~ died June 23 1949, in the State of Missouri, and which was filed at St. Louis, on June 24, 1949, should be corrected as follows:

Item No. 2-c should read St. Louis
Instead of Unknown Ut

Item No. 2-d should read 2822 Market St.
Instead of 7170 Delmar

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Nathan Block Son
Relationship.

5255 Kingsbury
Present Address.

Subscribed and sworn to before me this 28 day of June, 1949.

My Commission Expires June 8, 1951

My Commission expires ..... Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
1-5-43
1 X36929