

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38527

State File No. 1003

10011

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

I. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION Malcolm Bliss Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE Mo. b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

d. STREET ADDRESS (If rural, give location) 3 - 6011 Magnolia Ave.

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) W. c. (Last) BLOCK 4. DATE OF DEATH (Month) (Day) (Year) Nov. 21 1949

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH Nov. 9, 1902 9. AGE (In years last birthday) 47 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Owner-For Self 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY?

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Owner-For Self 10b. KIND OF BUSINESS OR INDUSTRY For Self 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Christian H. Block 13b. MOTHER'S MAIDEN NAME Alvena Unknown 14. NAME OF HUSBAND OR WIFE Frances Block

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. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances Block 6011 Magnolia Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) ANTECEDENT CAUSES  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
DUE TO (b) Oedema of brain  
DUE TO (c) Pulmonary Congestion  
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) 111

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 534X

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11:59 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cecile E. Taylor, MD 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 11-21-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov. 23, 1949 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REGS. NOV 21 1949 REGISTRAR'S SIGNATURE J. B. Foster 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway B1

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Richard H. Stovesand*

Licensed Embalmer No. 4007

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.