

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21378

State File No. 5354

318

1002

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

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. 5354 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2149 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital | | | | 14. STREET ADDRESS (If rural, give location) 4234a Lawn Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) GEORGE | | a. (First) J. | | b. (Middle) BLANK | | c. (Last) | |
| 4. DATE OF DEATH (Month) (Day) (Year) June 18 1950 | | 5. SEX Male 0 | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH Feb. 25, 1873 | | 9. AGE (In years last birthday) 77 | | 10. IF UNDER 1 YEAR Months Days | | 11. IF UNDER 1 WEEK Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Frey Commission Co. | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Smithton, Ill. | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME Peter Blank | | 13b. MOTHER'S MAIDEN NAME Louise Gauch | | 14. NAME OF HUSBAND OR WIFE Ottilie Blank | | | |
| 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 Ottilie Blank 4234a Lawn Ave. | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE WITH AURICULAR FIBRILLATION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS GENERALIZED</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>POST-OPERATIVE GANGRENOUS GALL BLADDER.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u> <u>UNKNOWN</u> <u>6 DAYS</u> | |
| 19a. DATE OF OPERATION 12 JUNE 50 | | 19b. MAJOR FINDINGS OF OPERATION GANGREN DUB GALL BLADDER | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) (Min) 3:30 PM 6/18/50 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 585X | | | |
| 22. I hereby certify that I attended the deceased from <u>12 JUNE, 1950</u> , to <u>18 JUNE, 1950</u> , that I last saw the deceased alive on <u>18 JUNE, 1950</u> , and that death occurred at <u>4:10 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Henry C. Cooper M.D.</u> (Degree or title) | | | | 23b. ADDRESS P.O. BOX 8701 St. Louis, Mo | | 23c. DATE SIGNED 19 JUNE 1950 | |
| 24a. BURIAL CREMATION, REMOVAL (Specify) Removal (Mbr) | | 24b. DATE June 21, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cem. | | 24d. LOCATION (City, town, or county) (State) Belleville, Ill. | |
| DATE REC'D BY LOCAL REG. JUN 19 1950 | | REGISTRAR'S SIGNATURE J. B. Foster | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl. | | | |

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *William B. White*

Signed.....
Student Embalmer

Licensed Embalmer No..... *4291*

P. O. Address..... *4220 S. Kings Highway*

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.