

FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35686

State File No.

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2409	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town) Lemay		c. LENGTH OF STAY (In this place) 87		c. CITY (If outside corporate limits, write RURAL and give township) Lemay		4870	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1700 Telegraph Road				d. STREET ADDRESS (If rural, give location) 1700 Telegraph Road.			
3. NAME OF DECEASED (Type or Print) a. (First) Peter		b. (Middle) -----		c. (Last) Blassi		4. DATE OF DEATH (Month) (Day) (Year) October 7 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 1, 1882		9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 67	IF UNDER 24 HRS. Days 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Hungary		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME John Blassi		13b. MOTHER'S MAIDEN NAME Annie Mueller		14. NAME OF HUSBAND OR WIFE Susanna			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 486-16-1455A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Susanna Blassi 1700 Telegraph Road			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis Hypertension DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/28 ¹⁹⁴⁴ to Oct 7 , 1950, that I last saw the deceased alive on Oct 5 , 1950, and that death occurred at 12:45 P.M. from the causes and on the date stated above.							
23a. SIGNATURE H. Hoffmeister		(Degree or title) M.D.		23b. ADDRESS 68114 Gravois		23c. DATE SIGNED 10/7/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 10, 1950	24c. NAME OF CEMETERY OR CREMATORY St. Peter & St. Paul		24d. LOCATION (City, town, or county) (State) 7030 Gravois ave. St. Louis, Mo.		
DATE REC'D BY LOCAL REG. OCT 9 1950		REGISTRAR'S SIGNATURE H. Hoffmeister M.D./M.B.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U? & L. Co. 7814 S. Broadway			

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Acknowledgments
6811 Bureau
7-8 PM*

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 *Harry Schumacher*

Licensed Embalmer No. 2679

P. O. Address 2514 Broadway

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.