

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5720

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 3058 Registrar's No. 29

923

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

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles	c. LENGTH OF STAY (In this place) 20 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles	
d. FULL NAME OF HOSPITAL OR INSTITUTION 706 North 6th St		d. STREET ADDRESS (If rural, give location) 706 North 6th St	

0923

3. NAME OF DECEASED (Type or Print) a. (First) Martin b. (Middle) J c. (Last) Blanken			4. DATE OF DEATH (Month) (Day) (Year) Feb 21 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 7 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Filling Station	11. BIRTHPLACE (State or foreign country) Perry County Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Blanken	13b. MOTHER'S MAIDEN NAME Emilie Pfaw	14. NAME OF HUSBAND OR WIFE Lena Meyer Blanken
--------------------------------------	---	--

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 Mrs Lena Blanken	ADDRESS 706 N. 6th
---	--	--	------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 10 yrs 3 yrs 10 yrs
	I. 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) Gen. arteriosclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetic heartitis			

19a. DATE OF OPERATION 2/7/51	19b. MAJOR FINDINGS OF OPERATION Amputation Rt Leg. (gangrene dry)	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)	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 **2/12/1948** to **2/21/1951**, that I last saw the deceased alive on **2/21/1951**, and that death occurred at **11:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE RJ Hamilton	(Degree or title) MD	23b. ADDRESS 126 So. Main St. St. Charles, Mo	23c. DATE SIGNED 2/24/51
--------------------------------------	--------------------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 25 1951	24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetry	24d. LOCATION (City, town, or county) (State) St Charles Mo.
--	---------------------------------	---	--

DATE REC'D BY LOCAL REG. Feb 24/51	REGISTRAR'S SIGNATURE Raine Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE Hackmann Bone	ADDRESS St Charles, Mo.
--	--	--	-----------------------------------

RECEIVED

FEB 27 1951

DISTRICT HEALTH OFFICE No. 4

File No.

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

Charles J. Macke

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.