

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13799

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4145

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY                                 |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <i>Mo.</i><br>b. COUNTY |  |
| b. CITY OR TOWN <i>St. Louis</i>                               |  | c. CITY OR TOWN <i>St. Louis</i>   |  |
| c. LENGTH OF STAY (in this place) <i>2 da.</i>                 |  | 249 <i>2249</i>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <i>Mo. Pac. Hoop.</i> |  | d. STREET ADDRESS (If rural, give location) <i>3537 Pennsylvania</i>   |  |

|   |                               |   |   |                |   |
|---|-------------------------------|---|---|----------------|---|
| 3. NAME OF DECEASED<br>(Type or Print)  |                               |   | 4. DATE OF DEATH                                  |                |   |
| a. (First) <i>HENRY</i>   | b. (Middle) <i>LEE</i>        | c. (Last) <i>BLATTAN</i>  | (Month) <i>5</i>                                  | (Day) <i>1</i> | (Year) <i>51</i>  |
| 5. SEX <i>Male</i>  | 6. COLOR OR RACE <i>White</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i> | 8. DATE OF BIRTH <i>Dec. 24, 1889</i>             |                |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Locomotive Engineer - Terminal RR.</i> |                               | 10b. KIND OF BUSINESS OR INDUSTRY                                     | 9. AGE (In years last birthday) <i>61</i>         |                | 11. BIRTHPLACE (State or foreign country) <i>St. Louis, Mo.</i> |
| 13a. FATHER'S NAME <i>Frank Blattan</i>   |                               | 13b. MOTHER'S MAIDEN NAME <i>Sallie St. Clair</i>                     | 14. NAME OF HUSBAND OR WIFE <i>Nellie Blattan</i> |                |   |

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>Yes, W. H. #1</i> |  | 16. SOCIAL SECURITY NO. <i>70V-12-6764</i> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Nellie Blattan 3537 Pennsylvania</i> |  |  |
|--|--|--|---|--|--|

|  |  |  |  |  |                                  |
|--|--|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION  |  |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Congenital Polycystic Kidney</i>   |  | II. OTHER SIGNIFICANT CONDITIONS<br><i>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</i> |  |  |                                  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | DUE TO (b) _____   |  |  |                                  |
|  |  | DUE TO (c) _____   |  |  |                                  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION                      |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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                         |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <i>757.1</i>   |  |

22. I hereby certify that I attended the deceased from *4-28*, 1951, to *5-1*, 1951, that I last saw the deceased alive on *5-1*, 1951, and that death occurred at *2:29* p.m., from the causes and on the date stated above.

|   |  |                                    |  |   |  |
|---|--|------------------------------------|--|---|--|
| 23a. SIGNATURE <i>Robert A. Huestep</i> (Degree or title) <i>M.D.</i> |  | 23b. ADDRESS <i>1755 So. Grand</i> |  | 23c. DATE SIGNED <i>5-1-51</i>                                      |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>               |  | 24b. DATE <i>May 4, 1951</i>       |  | 24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cem.</i>              |  |
|   |  |                                    |  | 24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i> |  |

|                                       |  |  |  |   |  |
|---------------------------------------|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <i>MAY 2</i> |  | REGISTRAR'S SIGNATURE <i>J. B. Kasater</i> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Kriegshauser 4228 S. Kingshighway</i> |  |
|---------------------------------------|--|--|--|---|--|

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

JUN 21 1967

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Richard W. Stovesan*

Signed.....

Student Embalmer

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.