

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17838  
State File No. 4807

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO</u>		c. LENGTH OF STAY (in this place) <u>1 yr 1 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		TOWN <u>2139</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5400 Arsenal St (9)</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtle</u>		b. (Middle) <u>Anna</u>		c. (Last) <u>(Block) DeLeal</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 21 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>	8. DATE OF BIRTH <u>Oct. 16, 1898</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>5</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Military Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Paust</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA STROHBECK</u>		14. NAME OF HUSBAND OR WIFE <u>Martin Block</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Aleda Moseman 5641 Devonshire</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident.</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertensive Cardio-Vascular Dis.</u>  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>  <u>5 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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? <u>H.H.Z.V</u>			
22. I hereby certify that I attended the deceased from <u>Mar. 27</u> , 19 <u>50</u> to <u>May 21</u> , 19 <u>51</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. Lowrey Brown M.D.</u>				23b. ADDRESS <u>5400 Arsenal St (9)</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 25, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, COUNTY</u>		
DATE REC'D BY LOCAL REGISTRY <u>MAY 23 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Raster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Will Bros. L. &amp; U. Co. 2227 S. Jefferson Ave.</u>			

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

Had Name Block

**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.....

*H. M. Davis*

Licensed Embalmer No. 3741

P. O. Address 2929 Jefferson

**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.