

FILED JUN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21143

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5241

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) 12 hrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton		4820	
d. FULL NAME OF HOSPITAL OR INSTITUTION St John Hospital			d. STREET ADDRESS (If rural, give location) 6201 Bixby			
3. NAME OF DECEASED (Type or Print) August		a. (First)	b. (Middle) G	c. (Last) Bladt	4. DATE OF DEATH (Month) (Day) (Year) June 5, 1951	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 1, 1895	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Glazer	10b. KIND OF BUSINESS OR INDUSTRY Planning Mill		11. BIRTHPLACE (State or foreign country) Maystown, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Bladt		13b. MOTHER'S MAIDEN NAME Brausch		14. NAME OF HUSBAND OR WIFE Laura Bladt		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW-1		16. SOCIAL SECURITY NO. 494-10-3139	17. INFORMANT'S SIGNATURE OR NAME Laura Bladt		ADDRESS 6201 Bixby	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			atetherosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 1 yr	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) none			
			DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			none			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? 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 (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? H200			
22. I hereby certify that I attended the deceased from Oct 23, 1950, to June 5, 1951, that I last saw the deceased alive on June 5, 1951, and that death occurred at 8:10 A.M., from the causes and on the date stated above.						
23a. SIGNATURE John G. Matthew MD			23b. ADDRESS 3707 Watson Rd		23c. DATE SIGNED 6-7-51	
24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE 6/8/51	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) St Louis, Mo.		
DATE REC'D BY LOCAL REG. JUN 7 1951		REGISTRAR'S SIGNATURE J B Lanter		25. FUNERAL DIRECTOR'S SIGNATURE L Ziegenhein & Sons		
				ADDRESS 7027 Gravois		

(Licensed Embalmer's Statement on Reverse Side)

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

1951-82 MISS

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.