

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9703

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2259**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Worden 2120	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 8	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Henry	c. (Last) Blotevogel	4. DATE OF DEATH (Month) (Day) (Year) March 10, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 13, 1897	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Planer Operator	10b. KIND OF BUSINESS OR INDUSTRY Gen. Steel Constr.	11. BIRTHPLACE (State or foreign country) Worden, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME William Blotevogel	13b. MOTHER'S MAIDEN NAME Emilie Schmidt	14. NAME OF HUSBAND OR WIFE Holda
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW I	16. SOCIAL SECURITY NO. 333-03-2095	17. INFORMANT'S SIGNATURE OR NAME Holda Blotevogel, Worden, Ill.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalopathy		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	ANTECEDENT CAUSES DUE TO (b) Myocarditis		2 months
	DUE TO (c) Arterial hypertension		unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? H3 X
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22. I hereby certify that I attended the deceased from March 4, 1952, to March 10, 1952, that I last saw the deceased alive on March 9, 1952 and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE E.N. Parsons, M.D. (Degree or title)	23b. ADDRESS 457 N. Kingshighway St. Louis	23c. DATE SIGNED 3-10-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-10-52	24c. NAME OF CEMETERY OR CREMATORY Lutheran	24d. LOCATION (City, town, or county) (State) Worden, Ill.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 10 1952	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 MR.

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis 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.