

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29671

State File No. ....

FILED AUG 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY <b>Saint Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Charles</b>	
c. LENGTH OF STAY (In this place) <b>2 weeks</b>		d. STREET ADDRESS (If rural, give location) <b>1416 N. Second Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Joseph's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Elise</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Blase</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 21, 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June 10, 1888</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>11</b>	IF UNDER 24 HRS. Hours <b>11</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OWN</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John H. Blase</b>	13b. MOTHER'S MAIDEN NAME <b>Annie Wilmer</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John Blase, Saint Charles, Mo.</b>	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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilateral atelectasis Both lungs</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b> <b>6 weeks</b> <b>2 yrs -</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hemorrhagic necrosis small intestine</b>		
	DUE TO (c) <b>Acute tubercle</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Gen. arterio sclerosis</b>			

19a. DATE OF OPERATION <b>7/1/53</b>	19b. MAJOR FINDINGS OF OPERATION <b>Chr cholecystitis &amp; First stn into Duodenum</b>	20. AUTOPSY? YES <input checked="" 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) <b>585X</b>
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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?
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22. I hereby certify that I attended the deceased from **5-15-53** to **7-1-53**, 19\_\_\_\_, that I last saw the deceased alive on **7-1-53**, 19\_\_\_\_, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. A. [Signature]</b>	(Degree or title) <b>O.M.D.</b>	23b. ADDRESS <b>St. Charles, Mo</b>	23c. DATE SIGNED <b>Aug 24 1953</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 24, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Saint Charles Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Aug 25 1953</b>	REGISTRAR'S SIGNATURE <b>Francis Hamilton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. C. Dallmeyer + Sons, St Charles, Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Frank R. Amaleng*

Licensed Embalmer No. \_\_\_\_\_

4832

P. O. Address \_\_\_\_\_

*St. Charles*

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.