

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32909**
REGISTRAR'S No. **9439**

FILED OCT 15 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) **St. Louis,** c. CITY OR TOWN **St. Louis,** d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (If this place) **April 15, 1929**

d. FULL NAME OF HOSPITAL OR INSTITUTION **City Infirmary.** 1953 STREET ADDRESS **5800 Arsenal St.** (If rural, give location) **2139**

3. NAME OF DECEASED a. (First) **Tillie** b. (Middle) _____ c. (Last) **Blech.** 4. DATE OF DEATH (Month) (Day) (Year) **Sept. 28, 1953**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **Sept. 10, 1867** 9. AGE (In years last birthday) **86** IF UNDER 1 YEAR Months _____ IF UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **none** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Unknown** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **John Blech.** 13b. MOTHER'S MAIDEN NAME **Lidia Hobinth.** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Hospital Records** ADDRESS **5800 Arsenal St.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic heart disease.** INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) _____
DUE TO (c) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4200**

22. I hereby certify that I attended the deceased from **April 15, 1929**, to **Sept. 28, 1953**, that I last saw the deceased alive on **Sept. 28, 1953**, and that death occurred at **1:45A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Palmer Prueve, M.D.** 23b. ADDRESS **5800 Arsenal St.** 23c. DATE SIGNED **9-29-1953**

24a. BURIAL, CREMATION, REMOVAL (Specify) **cremation** 24b. DATE **10-2-53** 24c. NAME OF CEMETERY OR CREMATORY **City Crematory** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **OCT 1 1953** REGISTRAR'S SIGNATURE **J. Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **J. Ryan** ADDRESS **5800 Arsenal St.**

WRITE PLAINLY—USING UNFAADING 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, Student Embalmer No.....
working under my personal supervision..

Not Embalmed

Hospital Record

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.