FILED NOV 24 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

40204

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10775

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis
c. LENGTH OF STAY (In this place): 74 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Johns Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: 2109
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis 0
d. STREET ADDRESS (If rural, give location): 4109a N. Newstead Avenue, 15, 10

**3. NAME OF DECEASED** (Type or Print)
a. (First): MARGARET
b. (Middle):
c. (Last): BLATTNER

**4. DATE OF DEATH** (Month) (Day) (Year): Nov. 11th, 1953

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Sept. 19th, 1876
**9. AGE** (In years last birthday): 77 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housework
**10b. KIND OF BUSINESS OR INDUSTRY**: Own Home
**11. BIRTHPLACE** (City and State or Foreign Country): Centralia, Illinois
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: Michael Wunderlich
**13b. MOTHER'S MAIDEN NAME**: Mary Griner
**14. NAME OF HUSBAND OR WIFE**: Late Jacob Blattner
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mrs. Oliver Luebbert, 7123 Forest Hills Dr

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease with cor. fib. & decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3-5 yr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary arteriosclerosis — Unknown
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**: None
**19b. MAJOR FINDINGS OF OPERATION**: —
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): None
**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): — — — — m.
**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* 10-12, 19 53, *to* 11-11, 19 53, *that I last saw the deceased alive on* 11-11, 19 53, *and that death occurred at* 6:55P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Edward P. Rea MD
**23b. ADDRESS**: 462 No. Taylor St. Louis Mo
**23c. DATE SIGNED**: 11-12-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 11/14/53
**24c. NAME OF CEMETERY OR CREMATORY**: St. Peters Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis County, Missouri

DATE REC'D BY LOCAL REG.: NOV 13 1953
REGISTRAR'S SIGNATURE: Earl Smith MD
mkb
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: CALVIN F. FEUTZ FUNERAL HOME, INC., 4828 Natural Bridge Blvd., St. Louis, 15, Mo.

(Licensed Embalmer's Statement on Reverse Side)

File in City

## 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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

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