

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30603**  
Registrar's No. **8395**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>Missouri</b><br>b. COUNTY    |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis,</b>  |  | c. CITY OR TOWN<br><b>St. Louis,</b>   |  |
| c. LENGTH OF STAY (in this place)  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION<br><b>St. Louis City Hospital,</b> |  | STREET ADDRESS (If rural, give location)<br><b>3955 Washington Ave.,</b> <b>2190</b>   |  |

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|--|--|-------------|---|----------------------------|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>Elizabeth</b> |  |             | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>September 23, 1955</b> |                            |  |
| a. (First)   |  | b. (Middle) |   | c. (Last)<br><b>Block,</b> |  |

|                          |                                   |   |  |  |  |  |
|--------------------------|-----------------------------------|---|--|--|--|--|
| 5. SEX<br><b>Female,</b> | 6. COLOR OR RACE<br><b>White,</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed,</b> | 8. DATE OF BIRTH<br><b>Oct. 30-1873,</b> | 9. AGE (In years last birthday)<br><b>81</b> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 10 HRS.<br>Hours _____ Min. _____ |
|--------------------------|-----------------------------------|---|--|--|--|--|

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|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home,</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Louisville, Kentucky,</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
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|--|---|--|
| 13a. FATHER'S NAME<br><b>Joseph Richmer,</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Vogt</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Gustav Blocker, (deceased)</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>unk.</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Wm. A. Kunz,</b> | ADDRESS<br><b>4251 Minnesota Ave.,</b> |
|---|--|--|--|

|   |   |  |                                  |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture Left Hip;</b>  |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Generalized Arteriosclerosis, suffered in fall at home, August 2nd</b> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

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|--|---|---|
| 19a. DATE OF OPERATION<br><b>1955.</b> | 19b. MAJOR FINDINGS OF OPERATION<br><b>Accident</b> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|  |   |  |
|--|---|--|
| 21a. ACCIDENT (Specify)<br><b>Accident</b> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Home</b> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>St. Louis Mo</b> |
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|--|---|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>Aug 4 55 3</b> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><b>E 904.0</b> |
|--|---|--|

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

|  |                   |                                   |                                    |
|--|-------------------|-----------------------------------|------------------------------------|
| 23a. SIGNATURE<br><b>Joseph M. Quinn</b> | (Degree or title) | 23b. ADDRESS<br><b>1300 Clark</b> | 23c. DATE SIGNED<br><b>9/24/55</b> |
|--|-------------------|-----------------------------------|------------------------------------|

|   |                             |  |   |
|---|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial,</b> | 24b. DATE<br><b>9/26/55</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery,</b> | 24d. LOCATION (City, town, or county) (State).<br><b>St. Louis, Missouri.</b> |
|---|-----------------------------|--|---|

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|--|--|--|-------------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>SEP 24 1955</b> | REGISTRAR'S SIGNATURE<br><b>J. Earl Smith md</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Gebken-Benz Mortuary,</b> | ADDRESS<br><b>2842 Meramec St.,</b> |
|--|--|--|-------------------------------------|

*S. O. Licensed Embalmer's Statement on Reverse Side* **St. Louis, 18, Mo**

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 .....<sup>m</sup>....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Laron E. Perry*.....

Licensed Embalmer No. *409*  
2842 Meramec  
P. O. Address St. Louis, 18

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.