

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

State File No. 2603
Registrar's No. 232

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		State File No. 2603		Registrar's No. 232			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 3 1/2 hrs		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				e. STREET ADDRESS (If rural, give location) 5380 Emerson Avenue 20170							
3. NAME OF DECEASED (Type or Print) a. (First) August			b. (Middle) Blaicher			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 1 - 6 - 1956		
5. SEX <input type="radio"/> Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED DIVORCED (Specify) Widowed		8. DATE OF BIRTH 1 - 28 - 1861		9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Carl Blaicher			13b. MOTHER'S MAIDEN NAME Caroline unknown			14. NAME OF HUSBAND OR WIFE Frances Blaicher					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Harry J. Kumpf, 5380 Emerson Ave							
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardio renal vascular disease</i> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility</i> DUE TO (c) 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 442 x								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from 9-21, 1954, to 9-6, 1956, that I last saw the deceased alive on 9-6, 1956 and that death occurred at 5:50 P.M., from the causes and on the date stated above.											
23a. SIGNATURE H.E. Morris (Degree or title)				23b. ADDRESS 4110 W. Florissant				23c. DATE SIGNED 9-9-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/9/56		24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.					
DATE REC'D BY LOCAL REG. JAN 9 1956		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.						

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Harvey Morris
4110 W. Florissant

Mon. 10 - 1
4 - 6

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.....
Signature of Student Embalmer

Signed *Warren A. Carver*.....

Licensed Embalmer No. *353*.....

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.