

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17583**  
Registrar's No. **4972**

FILED JUN 7 1956

|  |                               |  |   |   |   |  |  |
|--|-------------------------------|--|---|---|---|--|--|
| BIRTH NO. _____  |                               | REG. DIST. NO. <b>318</b>  |   | PRIMARY REG. DIST. NO. <b>1003</b>  |   | Registrar's No. <b>4972</b>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |                               |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b> b. COUNTY _____ |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>   |                               | c. LENGTH OF STAY (in this place) _____  |   | c. CITY OR TOWN <b>St. Louis</b>  |   | 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 <b>BARNES HOSPITAL</b>   |                               |  |   | e. STREET ADDRESS (If rural, give location) <b>15 4442 Bingham Ave. 2156</b>  |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Georgia</b> b. (Middle) <b>Ann</b> c. (Last) <b>Blattner</b>   |                               |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>May 21, 1956</b> |   |   |  |  |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>                                  | 8. DATE OF BIRTH <b>Nov. 23, 1916</b>                           | 9. AGE (In years last birthday) <b>39</b>   | IF UNDER 1 YEAR<br>Months _____ Days _____                          | IF UNDER 2 WKS.<br>Hours _____ Min. _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY _____  |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Granite City, Ill.</b>  |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME <b>Otto Zentgraf</b>  |                               | 13b. MOTHER'S MAIDEN NAME <b>Elva Judy</b>   |   | 14. NAME OF HUSBAND OR WIFE <b>Peter B. Blattner</b>  |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No None</b>   |                               | 16. SOCIAL SECURITY NO. <b>494-07-8395</b>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Peter B. Blattner 4442 Bingham Ave.</b>  |   |  |  |
| 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, asthenia, etc.. It means the disease, injury, or complication which caused death.                               |                               |  |   | MEDICAL CERTIFICATION   |   |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lymphosarcoma</b>  |                               |  |   | INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>  |   |  |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |                               |  |   |   |   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |                               |  |   |   |   |  |  |
| 19a. DATE OF OPERATION _____   |                               | 19b. MAJOR FINDINGS OF OPERATION <b>200-1</b>  |   | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____  |                               | 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 <b>April 21, 1956</b> , to <b>May 21, 1956</b> , that I last saw the deceased alive on <b>May 21, 1956</b> , and that death occurred at <b>1:20P m.</b> , from the causes and on the date stated above. |                               |  |   |   |   |  |  |
| 23a. SIGNATURE <b>C. P. Vermillion, M.D.</b> (Degree or title) <b>M. D.</b>  |                               |  |   | 23b. ADDRESS <b>BARNES HOSPITAL</b>   |   | 23c. DATE SIGNED <b>5/21/56</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |                               | 24b. DATE <b>May 24, 1956</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cem.</b>   |   | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b> |  |  |
| DATE REC'D BY LOCAL REG. <b>MAY 23 1956</b>  |                               | REGISTRAR'S SIGNATURE <b>J. Paul Smith M.D.</b>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl.</b>   |   |  |  |

S. P. (Licensed Embalmer's Statement on Reverse Side)

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Richard W. Stovesand*.....

Licensed Embalmer No. 400.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.