

MISSOURI DEPARTMENT OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032286

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7691** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 22 1962

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

coronary occlusion

DATE AMENDED

9/20/62

ascending aorta

myocardial infarction

SHOULD READ

18a Dissecting aneurysm of ascending aorta

BY AFFIDAVIT OF ATTENDANT

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If distinction: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		c. CITY OR TOWN St Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 2214 Parkridge		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First August Middle H. Last Blattner			4. DATE OF DEATH Month 8 Day 4 Year 1962			5. SEX Male		6. COLOR OR RACE Cau		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/12/1902		9. AGE (last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Design Engineer		10b. KIND OF BUSINESS OR INDUSTRY Carter Carburator		11. BIRTHPLACE (City and state or country) St Louis		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME August Blattner						13b. MOTHER'S MAIDEN NAME Emma Von Der Ahe						14. NAME OF HUSBAND OR WIFE Mary Blattner											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No												17. INFORMANT Address Mrs Mary Blattner 2214 Parkridge											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). Dissecting aneurysm of the ascending aorta PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion & myocardial infarction DUE TO (b) Coronary arteriosclerosis. DUE TO (c) 751X												INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs.											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive Cardiovascular Disease												PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)																			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE											
21. I attended the deceased from 8/31/62 to 8/4/62 and last saw him alive on 8/4/62 Death occurred at 6:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.																							
22a. SIGNATURE Thomas Cleary						22b. ADDRESS 3720 Washington Ave						22c. DATE SIGNED 8/6/62											
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/7/62		23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery				23d. LOCATION (City, town, or county) St Louis County Missouri		23e. DATE RECD. BY LOCAL REG. AUG 6 1962													
24. FUNERAL DIRECTOR Lupton Chapel Ind. 7233 Delmar						25. REGISTRAR'S SIGNATURE Loan Smith, M.D.																	

MEDICAL CERTIFICATE

DOCUMENT

BY AFFIDAVIT OF ATTENDANT

Milwaukee
3720 Washington
Appointment @ 300 AM

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 05-11-2010 BY 60322 UCBAW/STP/STP