MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040012

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10250

FILED NOV 1 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): DePaul Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis, — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5376 Arlington Ave. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First HENRY Middle OTTO. Last BLASKE

4. DATE OF DEATH: Month Oct. Day 22 Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/21/97
9. AGE (last birthday): 65 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffer
10b. KIND OF BUSINESS OR INDUSTRY: Hartman Produce
11. BIRTHPLACE (City and state or country): New Haven, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Charles Blaske
13b. MOTHER'S MAIDEN NAME: Hermina Karschnik
14. NAME OF HUSBAND OR WIFE: Anna Blaske

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of servi ******
17. INFORMANT: Anna Blaske, Address: 5376 Arlington Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cor Pulmonale — INTERVAL BETWEEN ONSET AND DEATH: - ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): 434.4
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Oct 20-1962, to Oct 22-1962 and last saw him alive on Oct 22-1962
Death occurred at 8:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John G McInnery MD
22b. ADDRESS: 5014 Thekla Av
22c. DATE SIGNED: 10/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Oct. 26 1962
23c. NAME OF CEMETERY OR CREMATORY: Memorial Cemetery
23d. LOCATION (City, town, or county) (State): ST. Louis County Mo.

24. FUNERAL DIRECTOR — ADDRESS: JOHN STYGAR & SON — 5541 RIVERVIEW BLVD.
25. DATE RECD. BY LOCAL REG.: OCT 26 1962
26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

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_____ Signed J.M. Pister
Signature of Student Embalmer

Licensed Embalmer No. 3980

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.