

MAR 12 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... *St Louis* (No. *5090*, *Maple Dr*)

Registration District No. *791*
Primary Registration District No. *1003*

File No. *7745*
Registered No. *1406*
St. Ward)

2. FULL NAME *Fredrick A. Blank*

(a) Residence, No. *Model Hotel, 158 Market St.* *25* Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *6-18-1874*

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
61 7 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *clerk*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Hotel*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *De Soto Missouri*

FATHER 13. NAME *William Blank*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *De Soto Missouri*

MOTHER 15. MAIDEN NAME *Daniel Fluth*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *F. W. Blank* (ADDRESS) *1402 S. Kentucky Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *De Soto, Mo* DATE *Feb 7 1936*

19. UNDERTAKER *Edith C. Ambrose* (ADDRESS) *4234 Manchester Ave*

20. FILED *FER - 7 1936* *J. F. Bredeck* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 5*, 1936

22. I HEREBY CERTIFY, that I attended deceased from *April 95*, 19*35*, to *Feb. 5*, 19*36*

I last saw him alive on *Feb. 4*, 19*36* Death is said

to have occurred on the date stated above, at *1:00* p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma neck & throat. Primary seat in glands of neck.

Other contributory causes of importance:

Lum - 53

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) *F. W. Blank*, M. D.

(Address) *3228 Delmon*