

RECORDED JUL 22 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25586

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>318</b>		REGISTRAR'S NO. <b>1003</b>		REGISTRAR'S NO. <b>6485</b>							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2159</b>											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>0</b>			c. LENGTH OF STAY (In this place) <b>6 weeks</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>0</b>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Bros. Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>4339 Osceola St.</b>											
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b>			b. (Middle) <b>J.</b>			c. (Last) <b>Bleitner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7/3/52</b>						
5. SEX <b>Male</b> <b>0</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> <b>1</b>		8. DATE OF BIRTH <b>Jan. 30, 1875</b>		9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Nightwatchman Paint Co.</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Phelan Paint Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					
13a. FATHER'S NAME <b>Henry J. Bleitner</b>				13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Stark</b>				14. NAME OF HUSBAND OR WIFE <b>Alice</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>				16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Alice Bleitner</b> ADDRESS <b>4339 Osceola</b>									
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis heart disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Damaged arteriosclerosis</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <b>8 years</b>  <b>10 years</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input 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? <b>4200</b>	
22. I hereby certify that I attended the deceased from <b>6/21/52</b> , 19____, to <b>7/3/52</b> , 19____, that I last saw the deceased alive on <b>7/3/52</b> , 19____, and that death occurred at <b>8:00a</b> m., from the causes and on the date stated above.															
23a. SIGNATURE <b>W. G. Amey, M.D.</b> (Degree or title) <b>0</b>						23b. ADDRESS <b>16 Hampton Village</b>			23c. DATE SIGNED <b>7/3/52</b>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7/5/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>				24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>							
DATE REC'D BY LOCAL REG. <b>JUL 5 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D. xP</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Wacker-Heldler</b> ADDRESS <b>3634 Gravois</b>									

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

# Henry J. Bleitner

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Birth: 1875  
Death: 1952

Family links:

Spouse:

[Alice M. Bleitner \(185 - 1956\)\\*](#)

[\\*Calculated relationship](#)

Burial:

[Sunset Memorial Park and Mausoleum](#)

Affton

St. Louis County

Missouri, USA

Plot: Section 21

[Edit Virtual Cemetery info \[?\]](#)

Created by: [frankseyffardt](#)

Record added: Oct 25, 2013

Find A Grave Memorial# 119279925



Added by: [frankseyffardt](#)



Cemetery Photo

Added by: [SONNY WILLIAMS](#)