MAY 20 1929

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

Do not use this space.

15847

1. PLACE OF DEATH
County St Louis — Registration District No. 788 — File No.
Township — Primary Registration District No. 4471 — Registered No. 43
City Webster Groves (No. Elm & St George - Webster Groves St. Ward)

2. FULL NAME Margaret Blumer
(a) Residence. No. Elm & St George Webster Groves 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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Richard G. Blumer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): September 17 - 1869

7. AGE: Years 59 — Months 11 — Days 25 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Burlington, Iowa

PARENTS
10. NAME OF FATHER: John Marshall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): U. S.
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY):

14. INFORMANT: Richard G. Blumer
(Address) Webster Groves Mo

15. FILED 4-14, 1929 Arthur H. Westrup REGISTRAR
per Elsie Henson

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): April 12 1929

17. I HEREBY CERTIFY, That I attended deceased from February 14, 1928, to April 12, 1929, that I last saw her alive on April 11, 1929, and that death occurred, on the date stated above, at 3:15 p.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Embolism
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Carcinoma of Rectum (Secondary)
(duration) yrs. 4 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? yes DATE OF March 29, 1929
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? microscopic
(Signed) Fred J. Taussig, M. D.
, 19 (Address) 3720 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Missouri Crematory
DATE OF BURIAL: April 15 1929

20. UNDERTAKER: Walker - Heldrich Und. Co.
ADDRESS: 2331 So. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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