

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

Do not use this space.

3028

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 7901
 City St Louis (No. 7864, Maplewood) St. _____ Ward _____

File No. _____
 Registered No. 757

2. FULL NAME

(a) Residence, No. 7864, Maplewood Ward. 2
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 27, 1860</u>		
7. AGE	YEARS	MONTHS
	<u>78</u>	<u>10</u>
		DAYS
		<u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
<u>Night Watchman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u>		
13. NAME <u>F Henry Blumenbecher</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Not known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
17. INFORMANT <u>Anna Blumenbecher</u> (ADDRESS) <u>7864 Maplewood</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>McClure</u> DATE <u>Jan 25 32</u>		
19. UNDERTAKER (ADDRESS) <u>Stevenson</u>		
20. FILED <u>JAN 24 1932</u> <u>Max Stanton</u> Registrar		

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1932 to Jan 21 1932
 Last saw him alive on Jan 20 1932 Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:
General arterio Sclerosis
Cerebral Hemorrhage
 Date of onset _____

Other contributory causes of importance:
87A
77

Name of operation § D 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 Adam & Youngman
 (Signed) 5439 Gravois _____, M. D.
 (Address) _____

WRITE PLEASE, WITH UNFADING INK. THIS IS A PERMANENT RECORD

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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