

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

Do not use this space.

6744

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1013
City St. Louis (No. Deaconess Hospital)

File No.
Registered No. 1820
St. Ward)

2. FULL NAME

Helina Blome

(a) Residence, No. 1916 Angellia St. St., 26 Ward. (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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred Blome</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 26 1887</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>9</u>
	DAYS <u>28</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Seamstress</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>St. Louis County Mo.</u>		
FATHER	13. NAME <u>Wm. Vogelsong</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Anna P. Germany</u>	<u>10</u>
MOTHER	15. MAIDEN NAME <u>Anna Cunningham</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>	
17. INFORMANT (ADDRESS) <u>Fred Blome 1916 Angellia St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stackpack Cem.</u> DATE <u>2/27 32</u>		
19. UNDERTAKER (ADDRESS) <u>Slide-writer Funeral Home 1936 St. Louis Ave.</u>		
20. FILED FE. <u>25 1932</u> <u>W. C. Stanley</u> Registrar		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24-1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Feb 24 1932
I last saw him alive on Jan 24 1932 Death is said to have occurred on the date stated above, at 430 p.m.
The principal cause of death and related causes of importance were as follows:

<u>B. holocephalus, chronic</u>	X X	Date of onset
<u>Appendicitis, chronic</u>	X A	
<u>Acute Peritonitis</u>		<u>12/78</u>
		<u>12/18</u>

Other contributory causes of importance: 1/27 12/78 12/18

Name of operation B. holocephalus Date of 2/20/32
What test confirmed diagnosis? Microscopic Where an autopsy? NO

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 D
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Wm. Simpson M. D.
(Address) St. Louis Mo.

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.

