WRITE PLAINLY, 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.

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

Do not use this space.

13949

File No. .....

Registered No. 3246

1. PLACE OF DEATH

County .....

Registration District No. 781-10083

Township .....

Primary Registration District No. .....

City St Louis (No. Alexian Bros Hosp St. ..... Ward)

2. FULL NAME John Blumm

(a) Residence, No. 4928 Hummelsheim St. 24 Ward. St. Louis Co. Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14—1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 135

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods

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) Austria Hungary 3

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary 1

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

17. INFORMANT (ADDRESS) Andrew Blumm 4928 Hummelsheim

18. BURIAL, CREMATION, OR REMOVAL PLACE S S Peter & Paul Cem DATE Apr 4 1932

19. UNDERTAKER (ADDRESS) John L Zeigenheim & Sons 7027 Manchester

20. FILED APR -3 1932 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/21 1932 to 4-1- 1932

I last saw him alive on 4-1- 1932 Death is said to have occurred on the date stated above, at 7 40 p m.

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

	Date of onset
Carcinoma of rectum	
46 D	
123 D	
107 D	

46 D

Other contributory causes of importance: Bronchopneumonia

Name of operation Colostomy Date of 3/28/32

What test confirmed diagnosis? Clinical Was there 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 .....

Nature of injury .....

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

If so, specify .....

(Signed) Joseph L Ferris, M. D.

(Address) 4209 Virginia