

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

Do not use this space.

41670

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1005
 City St. Louis Mo. (No. 4264 1601y Ave)

File No.
 Registered No. 10736
 St. Ward)

2. FULL NAME

(a) Residence, No. 4264 1601y Ave St. 10 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 Male 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 Louisa Blomberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 5 24

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 68

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) St. Louis Mo 1

13. NAME F. Blomberg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Louisa Blomberg (ADDRESS) 4264 1601y Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Dec 5 1932

19. UNDERTAKER H. Reidinger, Undertaker (ADDRESS) 1417 N. Market St

20. FILED DEC - 5 1932 Registrar. 12-3-32

MEDICAL CERTIFICATE OF DEATH

4
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932 to Dec 1, 1932.
 I last saw him/her on Nov 30, 1932. Death is said to have occurred on the date stated above, at 2 P. m.

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

Peritonitis of liver
465 from my knowledge only 5 weeks
250
270
460
 Obstruction of bile duct
 Portal system
 Pylonis

Date of onset 3
 5-4-32

Other contributory causes of importance:
 Name of operation None Date of
 What test confirmed diagnosis? Symptom 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? Yes
 If so, specify Chronic Peritonitis (Signed) Edmund Bennett, M. D.
 (Address) 1504 20 Grand Blvd

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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