

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

Do not use this space.

24800

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **7003**
City..... **St. Louis** (No. **1300 S 18th St**)

File No.
Registered No. **6210**
St. Ward)

2. FULL NAME

(a) Residence, No. **1300-5-18th** St., **W** 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 **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **M**

3A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 15 - 1862**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 6 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Printer**
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)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo**

FATHER 13. NAME **Fred Blumder**

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

MOTHER 15. MAIDEN NAME **Not known**

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

17. INFORMANT (ADDRESS) **Theron Blumder 1300-5-18th St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mo. Crematory** DATE **July 18 1933**

19. UNDERTAKER (ADDRESS) **John Ziegenhein & Sons 7027 Broadway Ave**

20. FILED **JUL 17 1933** **W. Bredeck** Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 6 1933**

22. I HEREBY CERTIFY, That I attended deceased from **June 2 1933** to **July 16 1933**
I last saw him alive on **July 16 1933**. Death is said to have occurred on the date stated above, at **12:15 A.M.**

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

Emphysema Hypostatic Date of onset **July 4-33**
Bronchial
51
40
51

Other contributory causes of importance:
Carcinoma Urinary Bladder
Mitosis Liver **Metastases** **adenocarcinoma** **Met 9-32**

Name of operation..... **none** Date of.....
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? **no** Date of injury....., 19.....
Where did injury occur? **none**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... **none**
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify.....
(Signed) **Theron Blumder**, M. D.
(Address) **7767 Gross Ave**

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

