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.

100M-11-24-33

ISOLATION HOSPITAL
FEB 11 1936

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

Do not use this space.

791

3131

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 353

Township ..... Primary Registration District No. ..... Registered No. .....

City Saint Louis (No. Isolation Hospital St. ..... Ward)

2. FULL NAME Altha Blume

(a) Residence, No. 4957 Parkview St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H. Blume

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 1875

7. AGE: YEARS 60 MONTHS 5 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Saint Louis, Missouri

FATHER

13. NAME Charles Hyatt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo N.Y.

MOTHER

15. MAIDEN NAME Nellie Griffith

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

17. INFORMANT (ADDRESS) Mrs Barry 5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL: PLACE Bellefontaine DATE Jan 11th 1936

19. UNDERTAKER (ADDRESS) Wagoner Und Co 3621 Olive St.

20. FILED 10 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1936, to Jan 9, 1936

I last saw her alive on Jan 9, 1936. Death is said to have occurred on the date stated above, at 6:20 P. m.

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

	Date of onset
Erysipelas, facial non traumatic	Jan 3, 1936
Other contributory causes of importance: Cerebral accident (Cerebral hemorrhage)	Jan. 9 1936

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Name of operation ..... 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? ..... 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? no

If so, specify .....

(Signed) Henry J. Ulrich, M. D.

(Address) 5600 Arsenal