993

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.

JUN 14 1936

791

24906

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 6562

City ST. LOUIS MO. (No. CITY HOSPITAL I St. ..... Ward)

2. FULL NAME CHARLES BLUM.

(a) Residence, No. 3225 Montgomery, Ozanam Shelter. Ward. 11
(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: MALE
4. COLOR OR RACE: WHITE.
5. SINGLE, ~~MARRIED, WIDOWED~~, OR ~~DIVORCED~~ (*write* the word): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 16-1866

7. AGE: YEARS 69 | MONTHS 6 | DAYS 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABOR
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, MISSOURI,

FATHER
13. NAME AUGUST BLUM
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME JULIA UNK.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) MRS. EDNA GELSTRUP, 3139A GEYER AV.

18. BURIAL, CREMATION, OR REMOVAL
PLACE OLD ST. MARCUS DATE JUNE 30, 1936

19. UNDERTAKER (ADDRESS) E. J. Schnur, 3125 LAFAYETTE AV.

20. FILED JUN 29 1936, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:50 A.

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

Date of onset

Laceration of Neck Involving Larynx, following incised wound of throat, self-inflicted at residence, 6/26/36, at abt. 7:45 A. M.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 6/26, 1936

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Incised wound

Nature of injury Hemorrhages & laceration

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

If so, specify .....

(Signed) John J. Sweeney, ~~M.D.~~

(Address) Deputy Coroner

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