

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH

96

County St. LouisRegistration District No. 785File No. 17525Township BonnevillePrimary Registration District No. 6031Registered No. 56City MANCHESTER(No. MANCHESTER NURSING HOME)

Ward

2. FULL NAME

EMELIA BLUM(a) Residence, No. MANCHESTER NURSING HOME

(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)

FEMALE WHITE WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFAUGUST BLUM

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

FEB. 10 - 1956

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

1 2 81 2 16

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

NONE

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)

GERMANY

13. NAME

ULRIC BAUER

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

GERMANY

15. MAIDEN NAME

Unknown

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

GERMANY

17. INFORMANT

MRS. CLARA PHELPS

(ADDRESS)

St. Louis City

18. BURIAL, CREMATION, OR REMOVAL

PLACE ST. PETERS DATE APRIL 29, 1937

19. UNDERTAKER

E. J. Schurz

(ADDRESS)

3125 Lafayette av

20. FILED

4-37, 1937 Agnes Kelly

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from

August 5, 1933, to April 26, 1937I last saw her alive on April 26, 1937. Death is saidto have occurred on the date stated above, at 8:15 P. m.

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

Arteriosclerosis Date of onsetSenility

Other contributory causes of importance:

Hypostatic bronchopneumoniaName of operation none Date ofWhat test confirmed diagnosis? physical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: no

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 home

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B. P. Loring, M. D.(Address) Ballwin, Mo.

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.

Blum