

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

40003
Do not use this space.

DEC 13 1937

1. PLACE OF DEATH

(a) County..... Registration District No. **791 / 1003**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **Josephine Hosp.** Registered No. **10990**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Emma Blum
 (a) Residence, No. **3022 Neosho Ave.** St. **15**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 29, 1872**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 65 3 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House wife**
 9. Industry or business in which work was done, as 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) **Pennsylvania**

FATHER 13. NAME **Unknown**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **William Blum 3022 Neosho**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Hope Cem.** DATE **Nov 30, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Fendler Undertaking Co 1720 Michigan Ave**

20. FILED **NOV 29 1937** **J. F. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-27-1937**

22. I HEREBY CERTIFY, That I attended deceased from **11/11-1937**, to **11/27-1937**

I last saw him alive on **11/27-1937** Death is said to have occurred on the date stated above, at **11.20 AM**

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

Carcinoma of Gall Bladder & Stomach? Primary seat unknown

Other contributory causes of importance: **46E**

Name of operation **Laparotomy** Date of **11/18/37**
 What test confirmed diagnosis: **Reye's** 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? **Yes**
 If so, specify **Willard J. Stone**, M. D.
 (Signed) **4535 Michigan Ave**
 (Address) **4535 Michigan Ave**

Hand. #536 Kingman

STATEMENT BY LICENSED EMBALMER

I, Harry Schumacher, Licensed Embalmer No. #2679

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Harry Schumacher
Harry J. Schumacher
Licensed Embalmer No. 2679

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)