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.

2/1

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1. PLACE OF DEATH

County Franklin — Registration District No. 294 — File No. 2674

Township Central — Primary Registration District No. 5409B — Registered No.

City St. Clair (No. , St. Ward)

2. FULL NAME Robert Norman Blumefeld 451

(a) Residence, No. St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov.25,1937

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	1	29	

OCCUPATION

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

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 Leonard Blumefeld

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

MOTHER

15. MAIDEN NAME Orvilette Barry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Mo.

17. INFORMANT (ADDRESS) Leonard Blumefeld St.Clair,Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St.Clair,Mo. DATE Jan.25, 1938

19. UNDERTAKER (ADDRESS) Wm.Casey & Co. St.Clair,Mo.

20. FILED Feb. 5, 1938 W H Duckworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1938, to Jan 24, 1938

I last saw him alive on Jan. 9, 1938 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

	Date of onset
Congenital Malformations of the heart.	

Other contributory causes of importance:

15 7C

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? 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) W. E. Kitchell, M. D.

(Address) St. Clair.

RECEIVED
FEB 24 1938
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