

REC'D SEP 12 1938

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

27330

Do not use this space.

701  
1003

7344

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 1  
(b) Township St. Louis, Mo. Primary Registration District No. 1  
(c) City St. Louis, Mo. (d) Street No. Summer DeLooge Hosp. St. (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. 8 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

WILLIAM BRUMMER 656  
(a) Residence, No. 656 St. EA East St. Louis, Ill. (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3/1874

7. AGE YEARS 63 MONTHS 8 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Boiler maker  
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) July 1938  
11. Total time (years) spent in this occupation. 30 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Proflis, Ill.

FATHER 13. NAME Chas. W. Blummer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk., Penn.

MOTHER 15. MAIDEN NAME Sabell Aylt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Proflis, Ill.

17. INFORMANT (ADDRESS) Mrs. Katherine Blummer East St. Louis, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE East St. Louis, Ill. DATE Aug. 20, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Wall - Barnes East St. Louis, Ill.

20. FILED AUG 18 1938 J. B. Beck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-10-38, 19, to 8-18-38, 19. I last saw him alive on 8-18-38, 19. Death is said to have occurred on the date stated above, at 6 a. m. The principal cause of death and related causes of importance were as follows:

Sleep, excess Septicemia  
Undetermined origin  
Melancholy absence of  
Warning  
Readers due to septicemia  
Other contributory causes of importance:  
Myocardial pneumonia  
bronchial

Date of onset  
8-5-38  
?  
8-18-38

Name of operation 10700 Date of 10/20  
What test confirmed diagnosis? Was there an autopsy? Yes

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? If so, specify (Signed) R. M. Weather M. D. (Address) 3720 Washington

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed..... *Emb. Cert. signed*

Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**



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