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.

FEB 25 1939 — DEC'D MAR 9 1939

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

7821
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis — Registration District No. 784
(b) Township — Primary Registration District No. 111 — Registered No. 344
(c) City Rich Hgts — (d) Street No. St. Mary's Hospital 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 45D yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Manuel Blum
(a) Residence, No. Bridgeton, Mo. St.
(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: 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: Hortense Blum
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 2, 1872
7. AGE: YEARS 66 — MONTHS 5 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Merchant
9. Industry or business in which work was done, as saw mill, bank, etc.: General Store
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): Bridgeton Mo.

FATHER
13. NAME: Jacob Blum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alsace Lorraine France

MOTHER
15. MAIDEN NAME: Sarah Blum — OK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alsace Lorraine France

17. INFORMANT (ADDRESS): Mrs. Hortense Blum Bridgeton, Mo.
18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE Mt. Olive Cem. DATE Feb. 24 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Herman Rindskopf 5216 Delmar Blvd.
20. FILED FEB 25 1939 19 J. R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 23, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1939, to Feb 28, 1939
I last saw him alive on Feb 22, 1939. Death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1/6/39
Other contributory causes of importance:	
Congestive Heart Failure	1/20/39

Name of operation: None — Date of
What test confirmed diagnosis? All 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) J. H. Brennan, M. D.
(Address) 418 Humboldt Bldg

(Licensed Embalmer's Statement on Reverse Side)

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 Charles Cooper

Licensed Embalmer, No. 3820

P. O. Address 5216 Delma

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

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