DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34173

REC'D NOV 13 1939

Registration District No. 1791 1003

Primary Registration District No.

State File No. 8711

Registrar's No. ~~9011~~

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs. 7 mos. 4 days (Specify whether
In this community 48 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1401 St. Ange Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Henry Blum 450

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva Blum

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased September (Month) (Day) 1890 (Year)

8. AGE: Years About 49 | Months | Days | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Amer Trucking Co

FATHER
12. Name John Blum
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Mary Kuhn (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature L. Deggendorf
(b) Address 5300 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13/39 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 So. Grand Blvd.

19. (a) OCT 12 1939 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11, year 1939 hour 5:15 minute a.m.

21. I hereby certify that I attended the deceased from 7-1-39, 19__, to 10-11, 1939; that I last saw him alive on Oct. 11, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac failure with Pulmonary Edema 10-11-39	
Due to No definite heart disease	
Due to Cellulitis right leg with Lymphangitis - Subsiding	
Other conditions Cause unknown 10-9-39 (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 1

23. Signature [signature] M.D. (WILDER) (M. D. or other)
Address 5300 Arsenal Date signed 10-1/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Harry A Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquet

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

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