

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Anthony's Hospital /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution two weeks
(Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME CATHERINE THERESE BLOEMKER ⁴⁵²

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 6 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>43</u>	<u>10</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business at home

MOTHER { **12. Name** John Henry Blaemker

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

14. Maiden name Mary E. Mertz

15. Birthplace Lockport New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary E. Bloemker

(b) Address 3631 Utah Street

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 4 - 26 - 40
(Month) (Day) (Year)

(c) Place: burial or cremation Old S. S. Peter & Paul

18. (a) Signature of funeral director A. Kron & U. Co.

(b) Address 2707 North Grand Bl.

19. (a) APR 24 1940 (Date received local registrar)

(b) [Signature] (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis, ¹⁶
(If outside city or town limits, write "RURAL")

(d) Street No. 3631 Utah St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 (23)
year 40 hour 9 minute 54 M.

21. I hereby certify that I attended the deceased from 7 ch
15 1940 to April 23, 1940
that I last saw her alive on April 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Aortic Regurgitation
valvular Heart Disease, 1 year
Chronic Rheumatic Infection

Due to _____

Due to Congestive Heart Failure ^{7 days}

Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

[Signature]

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Adam C. Youngman (M. D. or other)

Address 5439 Adams **Date signed** 4/24/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Paul F. Howland

Licensed Embalmer No. 2631

P. O. Address 2707 N. Dan

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.