

791

9817

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

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

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

(d) Length of stay: In hospital or institution 2yr. 4mo.
(Specify whether years, months or days)

In this community 66 years

3. (a) PRINT FULL NAME Erwin Bloser

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Oct. 11 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>1</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

12. Name Chas. Bloser

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Boshold

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Sullivan

(b) Address 5800 Arsenal St.

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

(b) Date thereof Nov. 30, 1940.
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Ziegenhain Bros.

(b) Address 2823 Cherokee Street.

19. (a) NOV 30 1940 (Date received local registrar)

(b) J. B. [Signature] (Local Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1940 hour 5:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from Nov. 10, 19 40 to Nov. 29, 19 40
that I last saw him alive on Nov. 29, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis -
for advanced emaciation
malnutrition

Due to _____

Due to _____

Other conditions 73
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. R. Bieman, M. D. (M. D. or other) _____

Address _____ Date signed _____

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

FILED DEC 11 1940

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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.