

No. 2  
-13-40  
17-39  
X23159

FILED APR 2 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9161

State File No. \_\_\_\_\_

2571

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

**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:  
5146 Vernon Avenue /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community 17 years  
years, months or days

3. (a) PRINT FULL NAME JESSIE F. BLOOM

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 widowed

6. (b) Name of husband or wife R. J.

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

7. Birth date of deceased March 19, 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>0</u>	<u>1</u>	hr. _____ min.

9. Birthplace Iowa /  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

12. Name Lewis Forthun

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

14. Maiden name Unknown

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

16. (a) Informant Robert P. Bloomer

(b) Address 605 Clara Apt. 112

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

(b) Date thereof March 22-41  
(Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director and wife

(b) Address 2301 Lafayette Avenue

19. (a) MAR 22 1941 (b) J. H. Redbeck  
(Date received local Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 5000

(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 9

(d) Street No. 5146 Vernon Avenue  
(If rural, give location) 0

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 21  
year 1941 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 18, 1941 to March 21, 1941  
that I last saw her er Alive on 21, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma R.T. Breast  
also Senile Dementia  
also Arterio Sclerosis  
Had R.T. Breast Removed  
Aug. 25 - 1937.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy no

Duration \_\_\_\_\_

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? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Oris L. Morey (M. D. or other) 0  
Address 9200<sup>a</sup> Bagley Date signed 3-21-41

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

970

**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 A. Keith*

Licensed Embalmer No. *36121*

P. O. Address *2317 Lafayette*

**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, fact should be so stated above.**