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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11922

APR 9 1941

Registration District No. 774

Primary Registration District No. 601812

Registrar's No. 1024

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Esther mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 years (Specify whether  
In this community 8 years  
years, months or days)

3. (a) PRINT FULL NAME Sara Louise Bloom

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Bloom 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased July 29 1948  
(Month) (Day) (Year)

8. AGE: Years 92 Months 7 Days 18 If less than one day None

9. Birthplace Perry Co mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business None

12. Name Thomas Nations

13. Birthplace Don't know  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Hinkle

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Savara Cuzskan  
(b) Address Esther mo

17. (a) Burial (b) Date thereof March 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yount mo

18. (a) Signature of funeral director Sparks and Co  
(b) Address Esther mo

19. (a) 3-19-41 (b) OBanner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Esther mo  
(If outside city or town limits, write "RURAL")

(d) Street No. Lynch 6 Street  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16  
year 1941 hour 5 minute 30 P.M.

I hereby certify that I attended the deceased from May 30, 1938, to March 16, 1941,  
that I last saw her alive on 2-12, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to hypertension, severe  
arteriosclerosis

Due to sclerosis general

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy None

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W.C. Rachel (M. D. or other) \_\_\_\_\_  
Address Devolge mo Date signed 3-18-41

Duration 4 days

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**