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4-41
7-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39342

State File No. _____
Registrar's No. 2514

DEC 23 1941
Registration District No. 89

Primary Registration District No. 101

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Blackjack
(If outside city or town limits, write "RURAL")
(d) Street No. Old Halls Ferry Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Blume
3. (b) If veteran, name war unknown
3. (c) Social Security No. unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 9 year 1941 hour 9 minute :25 P.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Salina Blume
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 7 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-4-41 to 12-9-41 that I last saw him alive on 12-9-41 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
57 10 2 hr. min.

Immediate cause of death Cardiac failure and adhesive pericarditis
Duration 1 wk

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

Due to Anemia Unknown
Due to Chronicity of liver Chronic

10. Usual occupation Bartender

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

11. Industry or business Klineberg's Tavern

Major findings: Of operations _____

12. Name August Blume

Of autopsy Pericarditis, chronicity of liver
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

14. Maiden name Anna Tongermann

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

16. (a) Informant Maree Malta

(b) Address Black Jack MO

17. (a) BURIAL (b) Date thereof DEC 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALTON CEMETERY

18. (a) Signature of funeral director Diedrich F. Blume

(b) Address 2711 S. Main St. Clayton Mo.

19. (a) DEC 11 1941 (b) [Signature]
(Date received local registrar) (Registrar's 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? _____

(Specify type of place) _____
While at work? (e). Means of injury 0

23. Signature Edward J. Bock (M. D. or other) _____
Address Co. Blackjack Date signed _____

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

MOTHER FATHER

7/2

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.