

FILED FEB 27 1942

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

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

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

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:  
3406 Halliday 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 75 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3406 Halliday 1  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Emilie Blumenberg

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 Charles H.  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 7, 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>7</u>	<u>26</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 \_\_\_\_\_

MOTHER FATHER { 12. Name Michael Schmidt  
13. Birthplace \_\_\_\_\_ Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Preusser  
15. Birthplace \_\_\_\_\_ Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Carl Blumenberg  
(b) Address 3406 Halliday

17. (a) Burial (b) Date thereof Jan. 5, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Concordia Lutheran Cem.

18. (a) Signature of funeral director Beiderwieden F. H. Inc.  
(b) Address 1936 St. Louis Ave. St. Louis, Mo.

19. (a) \_\_\_\_\_ (b) J. F. Bredeek  
(Date received local health) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd,  
year 1942 hour 2 minute 15 AM.

21. I hereby certify that I attended the deceased from Dec. 30, 1941 to Jan. 2, 1942  
that I last saw him alive on Jan. 2, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Supra-ventricular  
St. Hermit, St. Louis  
Duration 4 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Chronic Myocarditis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 920

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address 3548 S. Grand Date signed 1/2/42

Mr. Weirich  
3548 S. Grand

**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. 2737  
P. O. Address 1936 St. Louis Ave

**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.**