S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22121

FILED JUL 23 1942

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 322

1. PLACE OF DEATH:

(a) County St Charles

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

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

(d) Length of stay: In hospital or institution One day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Charles

(c) City or town St Charles Mo Rt # 3
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ellen Hulda Blohm

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 31 (Day) 1942 (Year)

8. AGE: Years — Months — Days One If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name Alfred Blohm

13. Birthplace St Charles (City, town, or county) Mo. (State or foreign country)

MOTHER 14. Maiden name Ella Powold

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

16. (a) Informant Alfred Blohm

(b) Address St Charles Rt # 3

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof June 2 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Kaskamp & Bauer

(b) Address 326 No 6th St Charles Mo

19. (a) June 2, 1942 (Date received local registrar) (b) Clarence G. Wheeler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 1 day 1st year 1942 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from May 31, 1942, to June 1, 1942, that I last saw he alive on June 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity - 6 months

Due to Premature separation of placenta

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 (e) Means of injury

23. Signature G. D. Canty M.D. (M. D. or other) M.D.

Address June 3, 1942 Date signed St. Charles, Mo

(Licensed Embalmer's Statement on Reverse Side)

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. 3145

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.