

AUG 21 1942

Registration District No. 421

Primary Registration District No. 5575

Registrar's No. 53

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

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: St. Louis 6219
(If not in hospital or institution, write street number or location)

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

In this community Six years

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1310 Aubrey St.
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Charles Blomberg

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

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Minnie Blomberg 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 27 - 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Merchant (Retired)

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Minnie Blomberg

(b) Address St. Louis Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-42
(Month) (Day) (Year)

(c) Place: burial or cremation Higson Cem.

18. (a) Signature of funeral director Festus

(b) Address _____

19. (a) July 2, 1942 (Date received local registrar) (b) H. P. O'Brien (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1942 hour 13:00 minute 00 A.M.

21. I hereby certify that I attended the deceased from March 17 1941 to July 29 1942
that I last saw him alive on June 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
mitral insufficiency

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 108

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? _____

While at work? _____ (Specify type of place)

(b) Means of injury _____

23. Signature Bertalan Bolgar (M. D. or other) M.D.

Address Festus, Mo Date signed 7/2/42

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.....

Warren A. Carver

Licensed Embalmer No.....

3534

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.