

**FILED MAR 2 1943 318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Masonic Home 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 yrs - 10 Mos  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Gisela Blumenberg

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Aug 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 27, 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>1</u>	<u>23</u>	_____ hr. _____ min.

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Housewife

12. Name William Schneiderheinze

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Weber

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Ira Hirsch

(b) Address 5351 Delmar

17. (a) Cremation (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation No Crematory

18. (a) Signature of funeral director H. Schumacher

(b) Address 3013 Melrose St.

19. (a) FEB 10 (b) J. J. Budick  
(Date received local registrar's) (Registrar's signature)

**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. 5351 Delmar  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 19  
year 1943 hour 6.30 minute A. M.  
April

21. I hereby certify that I attended the deceased from 8, 1932, 19 \_\_\_\_\_ to February 19, 43;  
that I last saw her alive on February 18, 1943, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 5 days

Due to Hypertension 3 yrs.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

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

23. Signature Shirley B. ... (M. D. or other) \_\_\_\_\_  
Address 508 ... Date signed 2-19-43

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.....

*Clarence Rochow*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Clarence Rochow*

Licensed Embalmer No. ....

*3093*

P. O. Address

*3013 The name*

**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.**