S. No. 2
M—5-42
5-17-39
X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8100 2436

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 630

(a) State Mo (b) County 11
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3831 Maffiti. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME Della L Blum.

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 M.

6. (b) Name of husband or wife George H. 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Aug (Month) - 18 (Day) 72 (Year)

8. AGE: Years 70 Months 6 Days 26 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business "

MOTHER FATHER

12. Name HENRY WEIS
13. Birthplace DONT KNOW (City, town, or county) (State or foreign country)
14. Maiden name DONT KNOW
15. Birthplace DONT KNOW (City, town, or county) (State or foreign country)

16. (a) Informant GEORGE F BLUM.
(b) Address 3831 MAFFITT.

Valhalla Cremation (Burial, cremation, or removal) (b) Date thereof March 16 43 (Month) (Day) (Year)

(c) Place: burial or cremation Cremation

18. (a) Signature of funeral director Provost and Co
(b) Address 3719 N. Grand

19. (a) MAR 15 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1943 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Dec. 26, 1942, 19 to March 14, 1943; that I last saw him alive on March 14, 1943, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with auricular fibrillation, with general dropsy. To my knowledge, Dec. 26, 1942. — Duration

Due to

Due to Dec. 26

Other conditions Chronic Int. Nephritis, 1942. (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? (Specify type of place)
While at work? Means of injury

23. Signature (M. D.) Address 320 Metropolitan Bldg. Date signed 3/15/43

(Licensed Embalmer's Statement on Reverse Side)

O.C. Raines
Mt Bldg
Je 5101

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 Robert L. Krinkman

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Bl

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.