

FILED MAY 12 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4434

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

1. PLACE OF DEATH:

(a) County St. Louis mo.  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Homer Philipps Hosp  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1-10 day  
(Specify whether  
 In this community St 22 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis 18 17 9  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3437 Clark Ave  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME SALLIE Blumenthal  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
 year 1943 hour 8 minute 55 AM.

4. Sex Female 5. Color or race 3 Negro  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife John Blumenthal  
 6. (c) Age of husband or wife if alive 58 years  
 7. Birth date of deceased April 29 1895  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
 that I last saw him..... alive on....., 19.....,  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Bilateral Lobar Pneumonia

8. AGE: Years' Months Days If less than one day  
48 0 3 hr. .... min.

Due to.....  
 Due to 108

9. Birthplace Pa 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Work at home

11. Industry or business at home

12. Name Perry Stewart

13. Birthplace Pa 1  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Williams

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

16. (a) Informant Frank Stewart

(b) Address 4355a Cook Ave

17. (a) Burial (b) Date thereof 5-6-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Thomas Brox

(b) Address 1415 64th E. 194th

19. (a) 4 1943 (b) J. F. Brudack  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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?..... (a) Means of injury.....

23. Signature Alfred Perry (M. D. or other) 3

Address Alpatis Court Date signed 4/13/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

*William B. ...*

*to the ...*

**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 *Rouis J. Atkins*

Licensed Embalmer No. *2842*

P. O. Address *3644 Finney 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.**