

Registration District No. NOV 18 1943 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town. SAINT LOUIS:
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
RES-5638 KINGSBURY BLVD.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community LIFE (Specify whether
years, months or days)

3. (a) PRINT FULL NAME EDNA ROSS BLUMEYER

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

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife OSCAR C. BLUMEYER
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased AUGUST 26 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 2 10 _____ hr. _____ min.

9. Birthplace SAINT LOUIS MISSOURI, O
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER
12. Name WILLIAM ROSS
13. Birthplace SCOTLAND
(City, town, or county) (State or foreign country)
14. Maiden name PRISCILLA FRIGGINS
15. Birthplace ENGLAND
(City, town, or county) (State or foreign country)

16. (a) Informant RUTH B. WADSWORTH
(b) Address 5638 KINGSBURY BLVD.

17. (a) CREMATION (b) Date thereof 11/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. LUPTON & SONS
(b) Address 7233 DELMAR BLVD.

19. (a) NOV 8 1943 (Date received local registrar)
(b) J. F. Beedick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI: (b) County _____
(c) City or town SAINT LOUIS:
(If outside city or town limits, write "RURAL")
(d) Street No. 5638 KINGSBURY BLVD.:
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6
year 1943 hour 10:15 minute A. M.
21. I hereby certify that I attended the deceased from June 15
1942 to Nov. 5 1943

that I last saw him alive on Nov. 5 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Heart failure Duration _____

Due to Myocarditis - Arteriosclerosis
Due to 50

Other conditions Carcinoma of breast
(Include pregnancy within 3 months of death)
with metastases.

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

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 _____
3. Signature J. F. Beedick (M. D. or other)
Address 607 N. Grand. Date signed 11-6-43

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

Dr. H. S. Brooks,
607 N. Grand St.,
St. Louis, Mo.

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.