

FILED SEP 31 1946
3186

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 2227

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:
City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Hrs.
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4175a Castleman Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles T. Blum

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

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

6. (b) Name of husband or wife Faye 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Feb. 17 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 5 hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Sub Clerk

11. Industry or business U. S. Post Office

MOTHER FATHER { 12. Name Theodore Blum

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

14. Maiden name Louise Lang

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

16. (a) Informant Faye Blum

(b) Address 4175a Castleman Ave.

17. (a) Burial (b) Date thereof 8 24 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) AUG 22 1946 (b) J. J. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22
year 1946 hour 4:30 minute _____ P. M.

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 Protrusion of right breast injury which was irreparable per vasectomy through an abdominal protrusion of the uterus of Brown
Duration _____
Other conditions (Include pregnancy within 3 months of death) 4:00 PM Aug 21 1946

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Aug 21 1946

(c) Where did injury occur? per the place
(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) see above

While at work _____ (e) Means of injury _____

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

Address Deputy Coroner Date signed 8-23-46

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

27 Aug 30

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 Richard W. Storrsand
Licensed Embalmer No. 4007

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.