

U.S. No. 2
 OM-5-43
 Rev. 5-17-39
 I X36671

FILED DEC 24 1946

Registration District No. **318** Primary Registration District No. **1003**

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) Name of hospital or institution: Barnes Hospital, 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 hours
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jacob Edward Bloodworth
 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 BERTRICE
 6. (c) Age of husband or wife if alive 18 years
 7. Birth date of deceased JUNE 5 1917
(Month) (Day) (Year)

8. AGE: Years 29 Months 6 Days 0
 If less than one day hr. min.

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

10. Usual occupation LABORER

11. Industry or business —
 12. Name EDWARD BLOODWORTH
 13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
 14. Maiden name PEARL CARMEL
 15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MRS BEATRICE BLOODWORTH
 (b) Address ENFIELD, ILL

17. (a) REMOVAL (b) Date thereof 12-5-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CARMI, ILL

18. (a) Signature of funeral director ROWLAND SERVICE
 (b) Address 4355 WASHINGTON AV.

19. (a) DEC 10 1946 (b) J. F. Bredick
(Date recorded) (Local Registrar's Signature) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State ILLINOIS (b) County WHITE
 (c) City or town ENFIELD
(If outside city or town limits, write "RURAL")
 (d) Street No. —
(If rural, give location)
 (e) Citizen of foreign country? — (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th
 year 1946 hour 6 minute 10 a.m.
 21. I hereby certify that I attended the deceased from July 18 1946 to Dec. 5 1946
 that I last saw him alive on December 5 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary edema
 Due to Right and left sided heart failure
 Due to Kimmelsteil-Hilson syndrome
 Other conditions Diabetes mellitus, Inter-capillary glomerulosclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN —
 Major findings: Pan Hypo-pituitarism
 Of operations —
 Of autopsy As above

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 Joseph R. Rumb (M. D. or other)
 Address Barnes Hospital Date signed 12/5/46

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

40960

40565

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.....

Ronald Yehrike
.....

Licensed Embalmer No. *3917*

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.