

FILED APR 8 1947

State File No. ....

Registration District No. **318**Primary Registration District No. **1003**Registrar's No. **3340**

## 1. PLACE OF DEATH:

(a) County.....  
 (b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1458a Warren St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community 15 yrs.  
years, months or days)

3. (a) PRINT  
FULL NAMEMamie Blum.3. (b) If veteran,  
name war.....3. (c) Social Security  
No.....

4. Sex Female 5. Color or  
race White 6. (a) Single, widowed, married,  
divorced Widowed  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
Julius Blum alive..... years  
 7. Birth date of deceased..... 6 6 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 9 21 .....hr. ....min.

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

10. Usual occupation housework

11. Industry or business.....

MOTHER FATHER  
 { 12. Name unknown ?  
 { 13. Birthplace unknown ?  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name unknown ?  
 { 15. Birthplace unknown ?  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Leo Donovan(b) Address 1458a Warren St.

17. (a) Burial (b) Date thereof 3-29-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery18. (a) Signature of funeral director Goodhart Goodhart(b) Address 2228 St. Louis Ave.

19. (a) MAR 28 1947 (b) J. F. Breach  
(Date received local registrar) (Registrar's signature)

## 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. 1458a Warren St.  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 27  
 year 1947 hour 7 minute 15 a. M.

21. I hereby certify that I attended the deceased from.....  
March 11, 1947 to March 26, 1947  
 that I last saw him alive on 3-26-47, 19.....;  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Heart Attack 1 wk.Due to Myocarditis 1 yr.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?

While at work?..... (Specify type of place)  
 (e) Means of injury.....

23. Signature J. P. Puler (M. D. or other).....Address 2405 Mt. Vernon Date signed 3-27-47

**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 *Henry M. Brammer*

Licensed Embalmer No. *4200*

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.**