No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 22 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

30383

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1115

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2703 Mitchell Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 81 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2703 Mitchell Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry Blum

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Pauline Blum

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 15 (Day) 1864 (Year)

8. AGE: Years 83 Months 4 Days 28 If less than one day hr. min.

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

10. Usual occupation Saloon Keeper

11. Industry or business Blum Brothers Saloon

FATHER
12. Name Carl Blum
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Virginia ?
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Roy B. Blum, Sr.
(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo

19. (a) 9-17-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 13 year 1947 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from 8/15/47, 19..., to 9/13, 1947, that I last saw him alive on 9/13, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of bladder	3 months
Due to Carcinoma of bladder	3 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

52 B

PHYSICIAN

Underline the cause of which death should be charged statistically.

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? (e) Means of injury

23. Signature Wm. Toothaker M.D. (Coroner)

Address Kirkpatrick Bldg. Date signed 9/15/47

St Joseph, Mo.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Francis J. Wyland Jr., Registered Apprentice No. 444, working under my personal supervision.

Signed Harold L. Bowman.

Licensed Embalmer No. 3619

P. O. Address St. Joseph 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.