

National Office of Vital Statistics

FILED JAN 30 1948
Registration District No. **318**

Primary Registration District No. **1003**

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

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..... **3631 Utah Place**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **noo**
 (c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3631 Utah Place** **9**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No) **no**
 If yes, name country.....

3. (a) PRINT FULL NAME..... **MARY ELIZABETH BLOEMKER**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No. **None**

4. Sex..... **Female** 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Widowed** **2**

6. (b) Name of husband or wife..... **John Henry Bloemker**

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

7. Birth date of deceased..... **June 7, 1860**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	7	14	hr. min.

9. Birthplace..... **Lockport, New York** /
(City, town, or county) (State or foreign country)

10. Usual occupation..... **None**

11. Industry or business..... **At Home**

12. Name..... **John Wertz**

13. Birthplace..... **Germany** **4**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Katherine Miller**

15. Birthplace..... **Germany** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Lillian Bloemker**

(b) Address..... **3631 Utah Place**

17. (a) **Burial** (b) Date thereof..... **Jan. 24, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **S. S. Peter & Paul**

18. (a) Signature of funeral director..... **Wm. J. Robert L. & U. Co.**

(b) Address..... **1905 So. Grand Blvd.**

19. (a) **JAN 23 1948** (b) **J. T. Braddock**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **January** day..... **21**
 year..... **1948** hour..... **6** minute..... **00** A. M.

21. I hereby certify that I attended the deceased from..... **10 JUNE**
, 19**47**, to..... **21 JAN**, 19**48**
 that I last saw her... alive on..... **15 JAN**, 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocarditis and myo
cardial Degeneration **10 yrs**
 Due to..... **Arterio Sclerosis Generalized** **?**

Due to.....
 Other conditions..... **Chronic Bronchitis** **20 yrs**
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations..... **9/2**
 Of autopsy.....

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..... **car**

23. Signature..... **Wm. J. Robert L. & U. Co.** (M. D. or other) **no**
 Address..... **5439 Grand Blvd.** Date signed..... **22 JAN 48**

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 Yabake

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.