

FILED JUL 15 1948

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20673

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5881

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:
City Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____ (Specify whether)
 In this community: Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000
 (c) City or town: St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 2020a S. 11th Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME: JOHN E. BLOHM

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

4. Sex: Male 0 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mary Blohm 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: March 7-1893 1893
 (Month) (Day) (Year)

8. AGE: Years: 53 55 Months: 3 Days: 22 If less than one day: _____ hr. _____ min.

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

10. Usual occupation: Watchman
 Industry or business: _____

12. Name: John Blohm

13. Birthplace: St. Louis, Missouri
 (City, town, or county) (State or foreign country)

Maiden name: Mary Finger
 Birthplace: St. Louis, Missouri
 (City, town, or county) (State or foreign country)

Informant: Mary Blohm
 Address: 2020a S. 11th Street

Place: burial or cremation: National Cemetery
 (Burial, cremation, or removal) (b) Date thereof: 7-3-1948
 (Month) (Day) (Year)

(a) Signature of funeral director: W. H. ... Co

(b) Address: 1926 Allen Avenue

19. (a) JUL 1 1948 (Date received local registrar) J. F. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 29th
 year: 1948 hour: 4 minute: 30 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: Ruptured aortic aneurysm Duration: _____

Due to: _____

Due to: 30

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations: _____

Of autopsy: _____

PHYSICIAN

Underline the cause to 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? _____

While at work: _____ (Specify type of place) Means of injury: _____

23. Signature: [Signature] (M. D. or other) _____
 Date signed: 7/11/48

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

FINGER PRINTS

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.....

..... Me, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Benj. C. Dorman
.....
Licensed Embalmer No. 2272.....

P. O. Address 1926 Allen Avenue.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 5881

On this 19th day of July, 1948, before me appears Mrs

Mary Blohm, who, upon her oath, states that the original record of ~~birth~~ death

for John E. Blohm died June 29th, 1948 in the State of

Missouri, and which was filed at St. Louis, Missouri ~~box~~ June 30, 1948, should be corrected as follows:

Item No. 7 should read March 7-1895

Instead of March 7-1893

Item No. 8 should read 53 Yrs-3Mos-22Das

Instead of 55 Yrs-3Mos-22Das

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mary Blohm Wife
Relationship.

2020a S 11th Street, St. Louis, Mo.
Present Address.

Subscribed and sworn to before me this 19th day of July, 1948.

My Commission expires September 22nd, 1950 George Suboda Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

5-2067B