FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24114

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 6486

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 Jewish Hospital 6
(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 0 0 0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5791 Westminster 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Gussie Rothman Bloom

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Max Bloom

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years About 74 | Months | Days | If less than one day hr. min. 1

9. Birthplace (City, town, or county) Russia 4 (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Jacob Israel 1
13. Birthplace (City, town, or county) Russia 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant David Rothman
(b) Address 5791 Westminster

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director Herman Rindskopf, Inc.
(b) Address 5216 Delmar Blvd.

19. (a) JUL 22 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1948 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 19, 1947 to July 21, 1947; that I last saw her alive on July 21, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of lung	7 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

47

Major findings:
Of operations
Of autopsy

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 0

23. Signature Herman M. Meyer (M. D. or other) MD
Address 508 N Grand Date signed 7/22/48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.