

FILED AUG 23 1948

Registration District No. 318

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No.

Registrar's No. 6976

27523

1. PLACE OF DEATH:

(a) County..... **St. Louis**
(b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Lutheran Hospital**
(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)

3. (a) PRINT FULL NAME **Charles Blum**3. (b) If veteran,
name war.....

3. (c) Social Security No.

4. Sex **Male** 6 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife.....
Susie Blum
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **September 4, 1875**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	11	4	hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **Foreman**11. Industry or business **Scullen Steel**12. Name **Sam Blum**13. Birthplace **Germany**
(City, town, or county) (State or foreign country)14. Maiden name **Mary Lee**15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)16. (a) Informant **Mrs. Sadie Lyons**(b) Address **3648 Shenandoah Ave.**17. (a) **Burial** (b) Date thereof **8-11-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **New St. Marcus Cemetery**18. (a) Signature of funeral director **Weick Bro. Und. Co.**(b) Address **2201 S. Grand Bl.**19. (a) **AUG 9 - 1948** (b) **J. F. Bredack**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **600**
(c) City or town..... **St. Louis** 17
(If outside city or town limits, write "RURAL")
(d) Street No. **3648 Shenandoah Ave.** 9
(If rural, give location) 0
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **August** day **8**
year **1948** hour **2** minute **30** A.M.21. I hereby certify that I attended the deceased from **January**
19 **44** to **August 8** 19 **48**
that I last saw him alive on **August 7** 19 **48**
and that death occurred on the date and hour stated above.Immediate cause of death **Coronary sclerosis** Duration **6 mo**
& embolism thrombosis 2 days

Due to.....

Due to.....

Other conditions **Pulmonary fibrosis** 5 years
(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) (e) Means of injury.....

23. Signature **Thurman** (M. D. or other).....Address **3701 Grand St.** Date signed **8-9-48**

Dr. Missbauer
3701 Grand St. Sg.

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.....

James R. Dunn

Licensed Embalmer No. *4527*

P. O. Address *2201 S Grand*

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.