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3906FEDERAL SECURITY AGENCY
National Office of Vital StatisticsMISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 28 1948
Registration District No. 818Primary Registration District No. 1003Registrar's No. 7200

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:
5223 a Alaska 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 _____
years, months or days)

3. (a) PRINT
FULL NAME MARY BLUMBERG

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased March 17, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 4 26 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Herman Cevermuhle

13. Birthplace Don't know Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Schroer

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

16. (a) Informant Henry Blumberg

- (b) Address 5223a Alaska Ave.

17. (a) Burial (b) Date thereof 8/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation SS. Peter and Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary

- (b) Address 2842 Meramec St.

19. (a) AUG 16 1948 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County boo
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5223a Alaska Ave.
15 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th
year 1948 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from
June 1, 1947, to August 13, 1948.
that I last saw him alive on Aug 1, 1948
and that death occurred on the date and hour stated above.

- Immediate cause of death _____ Duration _____

Coronary Occlusion

- Due to _____

- Due to _____

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

- Major findings:
Of operations _____

- Of autopsy _____

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) Means of injury _____
While at work? _____

23. Signature John W. Clarke (M. D. or other) MD
Address 8318 S. Grand Date signed 8-16-48

(Licensed Embalmer's Statement on Reverse Side)

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

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.....*Loren E. Percy*

Licensed Embalmer No. 4094

P. O. Address.....2842 Meramec St.
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.