S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 37881

Registrar's No. 10287

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS COUNTY

(c) City or town LEMAY, MO. , NO.
(If outside city or town limits, write "RURAL")

(d) Street No. 141 SHETLAND DR.
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BLUM, CARRIE MINNIE

3. (b) If veteran, name war None

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 Philip J.

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

7. Birth date of deceased Dec. (Month) 30 (Day) 1884 (Year)

8. AGE: Years 63 Months 10 Days 25 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name John Wehmueller

13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER 14. Maiden name Mary Branahl

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

16. (a) Informant Mrs. Evelyn Branstetter

(b) Address 7081 Whitworth

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-48 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 27 1948 (Date received local registrar) (b) J. B. Lassiter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25th year 1948 hour three minute forty A.M.

21. I hereby certify that I attended the deceased from Nov. 24th, 1948 to Nov. 25th, 1948 that I last saw he alive on November 25, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Hypertensive (cardiovascular disease)	10 yr
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ralph V. Gerlman (M. D. or other)

Address Barnes Hospital, Date signed 11/26

(Licensed Embalmer's Statement on Reverse Side)

10287

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. Edwin A. McDermott

Licensed Embalmer No. 3024

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.