

FILED FEB 23 1949
#79707

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1134
Registrar's No. 1134

318

1003

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		State File No. 1134		Registrar's No. 1134			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri				c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 941 Harlan (15)							
3. NAME OF DECEASED (Type or Print) a. (First) STANLEY (SAM)		b. (Middle) J		c. (Last) BLOOM		4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1949					
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 8 - abt - 79		9. AGE (In years last birthday) 70			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soc. Sec.		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) GERMANY				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William Bloom			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE MARY HERMANDORFER					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-16-2518		17. INFORMANT'S SIGNATURE OR NAME MRS LUCILLE WOLFF ADDRESS 941 HARLAN							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia, Bilateral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Pancreatitis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 128 mg D						INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 72 hrs.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 58						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from 2-2 ^{10 49} , to 2-4 , 19 49 , that I last saw the deceased alive on 7:30 pm 2-2, 1949 , and that death occurred at 2:20 a. m. , from the causes and on the date stated above.											
23a. SIGNATURE M. M. Wallace (Degree or title) M.D.U.				23b. ADDRESS _____				23c. DATE SIGNED Feb 5, 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB 7, 1949		24c. NAME OF CEMETERY OR CREMATORY CADWARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO					
DATE REC'D BY LOCAL REG. FEB 6 1949		REGISTRAR'S SIGNATURE J. J. J. J.				25. FUNERAL DIRECTOR'S SIGNATURE BROTSCHWIG AND SON FLORISSANT ADDRESS 4746 WEST					

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Guy W. Wilkinson*.....
Licensed Embalmer No. *3575*.....

P. O. Address *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.