

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

24603

6737

318

1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		c. LENGTH OF STAY (In this place) <u>11-10-1865</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		17 4			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1455 Madison St.</u>				2d STREET ADDRESS (If rural, give location) <u>1455 Madison St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) <u>C.</u> c. (Last) <u>Blomberg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 1 1949</u>						
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 10, 1865</u>			
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cooper</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? _____									
13a. FATHER'S NAME <u>Joseph Blomberg</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa Riechman</u>		14. NAME OF HUSBAND OR WIFE <u>Johanna Blomberg</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Johanna Blomberg</u> ADDRESS _____					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>apoplexy 2 1/2 yrs ago</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs</u> <u>2 1/2 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) <u>102</u>					
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? <u>H44X</u>					
22. I hereby certify that I attended the deceased from <u>Jan 1947</u> , to <u>Aug 1, 1948</u> , that I last saw the deceased alive on <u>July 15, 1949</u> , and that death occurred at <u>7:45 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>A. C. Creane</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>2504 N. 14th St</u>			23c. DATE SIGNED <u>8-2-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-4-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>AUG 3 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Parale</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AVE. <u>Goodhart & Goodhart 2228 St. Louis</u>				

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 2737

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.