

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25600

State File No.

FILED AUG 2 1949

BIRTH NO. _____ REG. DIST. NO. 417 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1720

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		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 township) OR TOWN <u>Jefferson Barracks, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>92 days</u>		d. STREET ADDRESS (If rural, give location) <u>4113 a Laclede</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Adm. Hospital</u>			
3. NAME OF DECEASED (Type or Print) -a. (First) <u>Ludwig</u> b. (Middle) <u>A.</u> c. (Last) <u>BLUMSTENGEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 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>June 8, 1888</u>
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor</u>		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) <u>Strasburg, Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Daniel Blumstengel</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Schwinferch</u>	14. NAME OF HUSBAND OR WIFE <u>Adel M. Blumstengel</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW-1</u>		16. SOCIAL SECURITY NO. <u>497100912</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EUGENE F. NOLAN, Registrar</u> <u>VAH, Jefferson Barracks, Missouri</u>
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, ashenia, etc. - It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>IAENNEC'S CIRRHOSIS</u> <u>PRIMARY CARCINOMA OF LIVER</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>		<u>155X</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION ---	
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) (Min.) ---		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 <u>April 19, 1949</u> , to <u>July 20, 1949</u> , that I last saw the deceased alive on <u>July 20, 1949</u> , and that death occurred at <u>2:35 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. E. Stillwell</u> <u>L. E. STILLWELL, M.D., Chf. of Prof. Services</u>		23b. ADDRESS <u>Vet. Adm. Hosp., Jeff. Brks., Mo.</u>	23c. DATE SIGNED <u>7-20-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7/22/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
DATE REC'D BY LOCAL REG. <u>7-21-49</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Stankel</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dreghmann-Harral Und. Co.</u> <u>1905 Union - St. Louis, Missouri</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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

Warren A. Carver

Licensed Embalmer No. *3534*

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.