

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35857**

FILED NOV 4 1949

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **4223**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson Barracks, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Lemay	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) 731 Reed Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Veterans Administration			

3. NAME OF DECEASED (Type or Print) a. (First) Otto	b. (Middle) C.	c. (Last) BLUM	4. DATE OF DEATH (Month) (Day) (Year) October 22, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 20, 1888
9. AGE (In years last birthday) 60	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milkman		11. BIRTHPLACE (State or foreign country) Highland, Illinois

10b. KIND OF BUSINESS OR INDUSTRY milk	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Casper Blum	13b. MOTHER'S MAIDEN NAME Louise Hubacher	14. NAME OF HUSBAND OR WIFE Flora

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records	ADDRESS
--	---	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONITIS OF ENTIRE RIGHT LUNG		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5271
ANTECEDENT CAUSES		DUE TO (b) Advanced Bronchiectasis		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Emphysema of left lung		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 527.1	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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) VA	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 **Oct. 20, 1949**, to **Oct. 22, 1949**, and that death occurred at **1:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE E.E. Stowell	(Degree or title) M.D. Chf. Prof. Services	23b. ADDRESS Vet. Adm. Hosp. Jefferson Barracks, Mo.	23c. DATE SIGNED 10/24/49
---------------------------------------	--	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10/24/49	24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO.
--	------------------------------	---	--

DATE REC'D BY LOCAL REG. 10-24-49	REGISTRAR'S SIGNATURE Herbert K. ...	25. FUNERAL DIRECTOR'S SIGNATURE John L. Ziegenheim & Sons	ADDRESS St. Louis, Mo.
---	--	--	----------------------------------

(Licensed Embalmers' Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank J. Owens

Licensed Embalmer No. 2245

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.