

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38530

State File No. _____

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 9602
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY AL		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY 3		
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital (1)		d. STREET ADDRESS (If rural, give location) N.R. 745 Eastgate 1		
3. NAME OF DECEASED (Type or Print) SIDNEY		b. (Middle) BLUESTONE		c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) Nov. 5 - 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) Abt 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commercial Agent		10b. KIND OF BUSINESS OR INDUSTRY Foster Freightlines		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY? _____				
13a. FATHER'S NAME SAM BLUESTONE		13b. MOTHER'S MAIDEN NAME IDA L. Pemcranz		14. NAME OF HUSBAND OR WIFE PIARE BLUESTONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Clare Bluestone ADDRESS - 745 Eastgate
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 yrs 11 months
19a. DATE OF OPERATION 2/19/49		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) AL
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? 157X
22. I hereby certify that I attended the deceased from Jan 3 , 1949, to Nov. 5 , 1949, that I last saw the deceased alive on Nov. 5 , 1949, and that death occurred at 3 P. m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Herman M. Meyer M.D.		23b. ADDRESS 508 N. Grand		23c. DATE SIGNED Nov 7 - 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/7/49		24c. NAME OF CEMETERY OR CREMATORY Chapel of the Holy Mother Cem. St. Louis, Mo.
24d. LOCATION (City, town, or county) (State) _____				
DATE REC'D BY LOCAL REG. NOV 7 1949		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE Herman Rudolph, Inc ADDRESS 5216 Delmar

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.....

John Ketter
Licensed Embalmer No. *3880*

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.