S. No. 300
V. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 9 1950

State File No. 17992

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4812

1. PLACE OF DEATH
a. COUNTY ----
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 2 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mineola
d. STREET ADDRESS (If rural, give location) 1700 1

3. NAME OF DECEASED (Type or Print)
a. (First) Raymond
b. (Middle)
c. (Last) Bloom

4. DATE OF DEATH (Month) (Day) (Year) May 30, 1950

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 6, 1902
9. AGE (In years last birthday) 48 — If under 1 year: Months, Days; If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filling Sta. Operator
10b. KIND OF BUSINESS OR INDUSTRY Retail-Filling Sta.
11. BIRTHPLACE (State or foreign country) Bismarck, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Louis Bloom
13b. MOTHER'S MAIDEN NAME Elizabeth Woolford
14. NAME OF HUSBAND OR WIFE Leona Fleming Bloom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS Mrs. Leona Bloom, Mineola, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1°, 2nd° + 3° burns of 50% of body surface, Concussion of brain. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ~~Injured about 7:30 am May 27 1950~~

DUE TO (c) explosion at home in Mineola, Mo, cause of explosion undetermined. No estimate of damage

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mineola Mont Co Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 27 50 7:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Explosion

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:25 A. m., from the causes and on the date stated above.*

23a. SIGNATURE Patrick B. Taylor (Degree or title) Coroner
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 5 31 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 1, 1950
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
24d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

DATE REC'D BY LOCAL REG. MAY 31 1950
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS BEIDERWIEDEN F.H.INC.,1936 St.Louis Ave.

(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 Me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Guy W. Wilkinson

Signed.....
Student Embalmer

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.