

FILED FEB 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2365
State File No. 23
Registrar's No. 23

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		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) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood 4534	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (If rural, give location) 2615 Roseland Terrace	

3. NAME OF DECEASED (Type or Print) Louis Blum			4. DATE OF DEATH (Month) (Day) (Year) 1-1-1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-19-1878		9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanical Engineer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Switzerland 5	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Blum		13b. MOTHER'S MAIDEN NAME Anna Bohnenfluse		14. NAME OF HUSBAND OR WIFE Margaret Blum.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Blum 2615 Roseland Terrace	

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) Carcinoma of the urinary bladder with metastases to lung & liver. 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 18 months.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 181X	

22. I hereby certify that I attended the deceased from Sept 15, 1950, to Jan 1, 1951, that I last saw the deceased alive on Dec. 30, 1950, and that death occurred at 3:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Augustin Jones, M.D.		23b. ADDRESS 31 N. Brentwood, Clayton 5 Mo		23c. DATE SIGNED 1-2-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial ()		24b. DATE 1-4-1951		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
				24d. LOCATION (City, town, or county) (State) 10180 Gravois Road Mo	

DATE REC'D BY LOCAL REG. JAN 3 1951		REGISTRAR'S SIGNATURE J. B. Lusk		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenhein 6409 Gravois Ave	
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Dr. Jones 31 N. Brentwood DE 2800 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 Embalmer No.....

Signed.....

Lawrence M. Seymour

Signed.....

Student Embalmer

Licensed Embalmer No.....

4343

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.