

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3266

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (In this place) <u>1-hour</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>20719</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>4625 Farlin Ave.</u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Margaret</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Blum</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1, 1951</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>unk. unk. 1894</u>	9. AGE (In years) (Specify birthday) <u>57</u>	# UNDER 1 YEAR Months _____
# UNDER 1 YEAR Days _____	# UNDER 24 Hrs. Hours _____	# UNDER 24 Hrs. Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	13a. FATHER'S NAME <u>William Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Charles H. Blum</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Charles H. Blum, 4625 Farlin Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1-1-51</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u>		?
	DUE TO (c) <u>None</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		

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) <u>260X</u>	
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?	

22. I hereby certify that I attended the deceased from Jan 1, 1951 to Jan 1, 1951, that I last saw the deceased alive on Jan 1, 1951, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Lee Shroeder</u>	(Degree of title) <u>M.D.</u>	23b. ADDRESS <u>3720 Washington</u>	23c. DATE SIGNED <u>1-2-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 3, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Lawrence Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greenville, Ill.</u>
DATE REC'D BY LOCAL REG. <u>1-2-51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Komella</u>	ADDRESS <u>40 Lindell Blvd.</u>

RWR (Licensed Embalmer's Statement on Reverse Side)

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

1-5 pm

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.....

W H Van Matre

Signed.....
Student Embalmer

Licensed Embalmer No: *2825*

P. O. Address *4340 Lafayette*

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.