

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13801
State File No. 3701
Registrar's No.

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

1. PLACE OF DEATH a. COUNTY <u>SAINT LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SAINT LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAINT LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAINT LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PARK LANE HOSP. ST. L.</u>		19. STREET ADDRESS (If rural, give location) <u>4131 W. PINE BLVD.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICK</u> b. (Middle) <u>JOHN</u> c. (Last) <u>BLOEBAUM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 19 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, <u>RE-MARRIED</u> (Specify)	8. DATE OF BIRTH <u>OCT. 6TH 1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switch Tender</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WABASH RY. CO</u>	9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR (Months) <u>6</u> IF UNDER 12 HRS. (Days) <u>10</u> Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <u>ST. CHARLES, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Bloebaum</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Margenkort</u>	
14. NAME OF HUSBAND OR WIFE <u>Elizabeth Gardner Bloebaum</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>	16. SOCIAL SECURITY NUMBER (If yes, give war or dates of service) <u>703-01-1648</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Bloebaum</u> ADDRESS <u>4131 W. Pine</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute dilatation of the heart.</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis.</u>			
DUE TO (c)			
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 <u>No surgery.</u>	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? <u>H22, 2</u>	
22. I hereby certify that I attended the deceased from <u>Mar. 13, 1951</u> , to <u>4/19/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/19/51</u> , 19 <u>51</u> , and that death occurred at <u>8:22 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Francis J. [Signature]</u> (Degree or title)		23b. ADDRESS <u>4930 Lindell Blvd.</u>	23c. DATE SIGNED <u>4/19/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/21/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Charles Missouri</u>
DATE REC'D BY LOCAL REG. <u>APR 20 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert J. Ambruster, Inc.</u> ADDRESS <u>St Louis</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Elizabeth Bloebaum

JUL 18 1957

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 _____

Licensed Embalmer No. 1994

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.