

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41576**

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 2872

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Webster Groves		c. LENGTH OF STAY (In this place) 49 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves		d. STREET ADDRESS (If rural, give location) 1124 Elm Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1124 Elm Drive			d. STREET ADDRESS 1124 Elm Drive			
3. NAME OF DECEASED (Type or Print) a. (First) RICHARD b. (Middle) GEORGE c. (Last) BLUMER			4. DATE OF DEATH (Month) (Day) (Year) 11-6-1953			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-16-1867	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturer		10b. KIND OF BUSINESS OR INDUSTRY Cabinets	11. BIRTHPLACE (City and State or Foreign Country) Philadelphia Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Julius C Blumer		13b. MOTHER'S MAIDEN NAME Adelaid Furler		14. NAME OF HUSBAND OR WIFE Margaret Blumer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Erwin Blumer 1128 Elm Drive			
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Throat</u> 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. <u>Cirrhosis of liver</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> <u>10 years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 148X			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)		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 <u>7-1-1942</u> to <u>11-5-1953</u> , that I last saw the deceased alive on <u>11-5-1953</u> , and that death occurred at <u>6 A. m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Ernst Brand MD</u>			23b. ADDRESS <u>Webster Groves Mo</u>		23c. DATE SIGNED <u>11/6/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremination	24b. DATE 11-9-1953	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D BY LOCAL REG. <u>11-7-53</u>		REGISTRAR'S SIGNATURE <u>Verbert R. Donnie</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter H. Fisher 7. Home Webster Groves</u>		

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Robster Grove

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.