

STANDARD CERTIFICATE OF DEATH

State File No. **41627**

No. 300
10-53

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2915**

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy c. LENGTH OF STAY (in this place) 1 day d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteopathic Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellevue d. STREET ADDRESS (If rural, give location) 1233 Edgewater Dr. N. No.	
3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Ellen c. (Last) Bloom		4. DATE OF DEATH (Month) (Day) (Year) 11 10, 53	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widow	8. DATE OF BIRTH 4/22/1866
9. AGE (In years last birthday) 87	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY at-home	11. BIRTHPLACE (City and State or Foreign Country) House Springs, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Simon Kyle	
13b. MOTHER'S MAIDEN NAME Mary Harness		14. NAME OF HUSBAND OR WIFE Bloom	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Address Mrs. Henry Weber, 5250 Albert			

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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Infirmities of age</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <i>Intestinal obstruction</i> DUE TO (c) <i>Secondary anemia</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 6 months	

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) 293X	
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 Nov. 8, 1953, to Nov. 10, 1953, that I last saw the deceased alive on Nov. 10, 1953, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. B. Steumann		23b. ADDRESS 9731 Riverview St. Louis, Mo.	
23c. DATE SIGNED 11/11/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11-12-53		24c. NAME OF CEMETERY OR CREMATORY Oak Hill	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.			

DATE REC'D BY LOCAL REG. 11/12/53		REGISTRAR'S SIGNATURE Herbert B. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral, 1905 Union Blvd.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Authorized Embalmer's Statement on Reverse Side)

MA 478

~~EXHIBIT~~

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 Albert R. Thompson

Licensed Embalmer No. 45 037

P. O. Address H Davis

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.