

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44097

FILED DEC 21 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11740

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>NORMANDY</u> <u>417</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHRISTIAN HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>7300 BURRWOOD</u>	
3. NAME OF DECEASED (Type or Print)	a. (First) <u>HARRY</u>	b. (Middle) <u>EDMUND</u>	c. (Last) <u>BLUM.</u>
4. DATE OF DEATH	(Month) <u>DEC.</u>	(Day) <u>10,</u>	(Year) <u>1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 20, 1888</u>
9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner; (Realestate)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Andrean Lesing Co.</u>	
11. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Manual Blum.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hahne.</u>	
14. NAME OF HUSBAND OR WIFE <u>Wilma 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>493-07-6659</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wilma Blum. 7300 Burrwood, Normandy, Mo.</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>Carcinoma of Lung</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
*This does not mean the mode of dying, such as heart failure, asthenia, 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>Metastatic Carcinoma of Brain</u>			<u>30 days</u>
DUE TO (c) <u>Metastatic Carcinoma of Liver</u>			<u>30 days</u>
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	
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		<u>162X</u>	
22. I hereby certify that I attended the deceased from <u>Jan.</u> , 19 <u>23</u> , to <u>Dec. 10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Dec. 10</u> , 1953, and that death occurred at <u>11:30P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. McElwain</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4356 Warne Avenue (7)</u>	
23c. DATE SIGNED <u>12-11-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-14-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>	
DATE REC'D BY LOCAL REG. <u>DEC 12 1953</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.</u>	

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

Lung permanent

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.....  
Signature of Student Embalmer

Signed *Arnold W. Schoene*

Licensed Embalmer No. *3864*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.