

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22348**  
Registrar's No. **1993**

FILED JUN 21 1956

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **596** Registrar's No. **1993**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a.-STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wellston</b>		c. CITY OR TOWN <b>Wellston</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6419 Wella Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>6419 Wells Ave.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Elmer</b>	b. (Middle) <b>F.</b>	c. (Last) <b>Blume</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>6</b> <b>5</b> <b>1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 10-1893</b>	9. AGE (In years last birthday) <b>62</b>	10. MONTHS <b>1</b>	11. DAYS <b>1</b>	12. IF UNDER 12 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plumber</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Plumbing Shop</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Marine Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Louis Blume</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Schneider</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Blume</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>	16. SOCIAL SECURITY NO. <b>44-05-6191</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Margaret Blume</b>	ADDRESS <b>6419 Wells</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Prostate</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1 1953** to **6-5 1956** that I last saw the deceased alive on **6-5 1956** and that death occurred at **10:50 PM.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. C. Farley M.D.</b>	(Degree or title)	23b. ADDRESS <b>6623 Lillian Shiloh</b>	23c. DATE SIGNED <b>6-6-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-9-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>
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DATE REC'D BY LOCAL REG. <b>6-7-56</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Romberg</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Clark F.H. Inc.</b>	ADDRESS <b>1125 Hodiamont</b>
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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.....  
Signature of Student Embalmer

Signed *Stanley H. Dixon*.....  
Licensed Embalmer No. *419*.....  
P. O. Address *S. L.*.....

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.