

DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES. ATTENTION: CORONER USE ONLY - STANDARD NOMBERS MUST BE PRINTED. NO SYMPTOMS WITH OR WITHOUT.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 24 1956

318

1003

STATE FILE NUMBER
28131
6658

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis, Mo.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison			
b. CITY (If outside corporate limits, give TOWNSHIP OR TOWN) St. Louis, Missouri		inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Edwardsville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Length of stay in lb 16 days		d. STREET ADDRESS (If outside, give location) 647 Orchard St.,	
3. NAME OF DECEASED (Type or print) First Otilie Middle NMN Last Blume				4. DATE OF DEATH Month July Day 14 Year 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 26, 1889	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HRS. Hours _____ Min. _____			
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 country) Collinsville Twp. Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Fred Aumann				14. MOTHER'S MAIDEN NAME Hannah Wilner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Nil		17. INFORMANT Charles Blume, Edwardsville, Ill.		Address	
18. CAUSE OF DEATH - (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction						INTERVAL BETWEEN ONSET AND DEATH 4-5 yrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Coronary Arteriosclerosis				420.1	
		DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 29, 1956 to July 14, 1956 and last saw her alive on July 14, 1956 Death occurred at 8:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE FR Bradley (Degree or title) M. D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 7/14/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-14-56		23c. NAME OF CEMETERY OR CREMATORY Valley View Cemetery		23d. LOCATION (City, town, or county) (State) Edwardsville, Illinois.	
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington				ADDRESS		25. DATE RECD. BY LOCAL REG. JUL 16 1956	
						26. REGISTRAR'S SIGNATURE J. E. Smith MD m & B	

St. Louis, Mo.

Office of the Board of Health, St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert M. Murray
Licensed Embalmer No. 3749

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

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.