

FILED NOV 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39236

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10393**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp Life 2129		Length of stay in 1b	STREET ADDRESS 245 UNION (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lillian Middle Blumeier Last			4. DATE OF DEATH Month Nov. Day 14 Year 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-1-1859	9. AGE (In years last birthday) 97	IF UNDER 1 YEAR Months Days 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 -	11. BIRTHPLACE (City and state or country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry Ruppert			14. MOTHER'S MAIDEN NAME Catherine Schaefer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. J. A. Meier 245 Union		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure					INTERVAL BETWEEN ONSET AND DEATH 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Arteriosclerotic heart disease					3 yrs.
DUE TO (c) Generalized arteriosclerosis					10 yrs.
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.) 420.0		
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 7, 1956 , to Nov. 14, 1956 and last saw her/him alive on Nov. 13, 1956 . Death occurred at 4:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. J. Roth (Degree or title) M.D.			22b. ADDRESS 634 N. Grand Blvd.		22c. DATE SIGNED 11/14/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-16-56	23c. NAME OF CEMETERY OR CREMATORY Oak Grove		23d. LOCATION (City, town, or county) (State) St Louis Co Mo
24. FUNERAL DIRECTOR A. K. Co		ADDRESS 2707 N. Grand	25. DATE RECD. BY LOCAL REG. NOV 14 1956		26. REGISTRAR'S SIGNATURE Carl Smith Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

If death is due to natural causes, coroner cannot certify to death due to natural causes. Coroner cannot certify to death due to natural causes. Coroner cannot certify to death due to natural causes.

Health, Welfare, Public Service

300-56

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 *Herbert J. Lane Jr.*.....

Licensed Embalmer No. *48*.....

P. O. Address *Winkwood*.....

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.