

FILED MAR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11685

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 723

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Frontenac		c. CITY OR TOWN Frontenac 4410	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION # 15 Frontenac		d. STREET ADDRESS (If outside, give location) # 15 Frontenac	
Length of stay in lb years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ADELAIDE Middle BLUM Last RINDSKOPF			4. DATE OF DEATH Month MAR. Day 16th Year 1957		
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 Dec. 5th, 1874	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) St. Angelo Texas	
13. FATHER'S NAME ISSAC BLUM			14. MOTHER'S MAIDEN NAME NANCY CANADY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) UNK.		16. SOCIAL SECURITY NO. UNK.		17. INFORMANT HERMAN RINBSKOPF # 15 Frontenac	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis		INTERVAL BETWEEN ONSET AND DEATH Three Years
DUE TO (b) Carcinoma Lung		
DUE TO (c) Metastasis Liver		
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.) 163x	
20c. TIME OF INJURY Hour 6:00 Month June Day 1950 Year 1950 a. m. A. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. CITY, TOWN, OR LOCATION	20f. COUNTY STATE

21. I attended the deceased from **June, 1950** to **March, 1957** and last saw her ~~her~~ **her** alive on **March 15, 1957**
Death occurred at **6:00 A. m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Herbert B. Donahue</i>	(Degree or title)	22b. ADDRESS 440 N. Taylor Ave.	22c. DATE SIGNED 3-16-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/18/57	23c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County Missouri

24. FUNERAL DIRECTOR Herman Rindskopf Inc. 5216 Delmar	ADDRESS	25. DATE RECD. BY LOCAL REG. 3/18/57	26. REGISTRAR'S SIGNATURE <i>Herbert B. Donahue</i>
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(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare, Public Health Service
S. 390
V. 1-56
securing the medical certification in the specific manner required by 193.140 words 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

4.

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 *Peter P. Robinson*

Licensed Embalmer No. 3697

P. O. Address *St. Louis*

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.