

FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18459

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4198**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN St. Louis		a. STATE Missouri b. COUNTY St. Louis	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Shrewsbury 4561	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 23 St. John's Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 27 7416 Devonshire			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Vincent b. (Middle) a. c. (Last) Blum		May 1, 1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 14, 1896
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) steelworker		10b. KIND OF BUSINESS OR INDUSTRY steel fabricating	
11. BIRTHPLACE (City and State or Foreign Country) D St. Louis County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Otto A. Blum		13b. MOTHER'S MAIDEN NAME Anna Bolte	
14. NAME OF HUSBAND OR WIFE Clara Blum			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW I		16. SOCIAL SECURITY NO. 494-09-5539	
17. INFORMANT'S SIGNATURE OR NAME Clara Blum		ADDRESS 7416 Devonshire Ave.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of rectum DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. colostomy, palliative	
INTERVAL BETWEEN ONSET AND DEATH 8 mos 2		INTERVAL BETWEEN ONSET AND DEATH 8 mos.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 154x	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-21 , 19 56 , to 5-1 , 19 57 , that I last saw the deceased alive on 4-30 , 19 57 , and that death occurred at 8:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Arthur K. Imolek MD		23b. ADDRESS 17500 Devonshire St. Louis 9.	
23c. DATE SIGNED 5-2-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 4, 1957	
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. MAY 3 '57		25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith	
REGISTRAR'S SIGNATURE ms		ADDRESS 831 East Big Bend	
(Licensed Embalmer's Statement on Reverse Side)		Webster Groves, 19, Mo.	

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

No. 300
10 48

2022-20-108

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

J. E. Morris

Licensed Embalmer No. *336*

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.