

FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29227
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's **6810**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Missouri b. COUNTY St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		c. CITY OR TOWN University City	
Length of stay in lb 14		d. STREET ADDRESS 713 W. Canterbury Rd.	
3. NAME OF DECEASED (Type or print) First RUTH Middle BLUM Last BLUM		4. DATE OF DEATH JULY 21st, 1957	
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 Unk.
9. AGE (In years last birthday) Abt. 70		IF UNDER 1 YEAR Months 70 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. 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 XXXXXXXXXX	11. BIRTHPLACE (City and state or country) Romania
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Unk.	
14. MOTHER'S MAIDEN NAME Unk.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. Unk.		17. INFORMANT Marvin Blum 713 W. Canterbury Rd.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary artery thrombosis DUE TO (b) cerebral arteriosclerosis DUE TO (c) 332x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) rheumatoid arthritis			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		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 5:30 Month 7 Day 21 Year 1957 a. m. am 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	
20g. STATE		21. I attended the deceased from 7/11/57 to 7/21/57 and last saw her/him alive on 7/21/57 Death occurred at 5:30 am m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE David M. Hansen, M.D. (Degree or title)		22b. ADDRESS Jewish Hospital of St. Louis	
22c. DATE SIGNED 7/22/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 7/22/57		23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.	
23d. LOCATION (City, town, or county) St. Louis County Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR Herman Rindskopf Inc. 5216 Delmar		25. DATE RECD. BY LOCAL REG. 8/1 2257	
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		M. B. B.	

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 *Arthur B. Duboullé*

Licensed Embalmer No. *36*

P. O. Address *Harvey*

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.