

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045431
STATE FILE NUMBER

93228-58
FILED DEC 22 1958

318

1003

12099

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JEFF</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>DE SOTO</u>		Inside Limits Yes No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CARDINAL GLENNON</u>			Length of stay in lb <u>2 days</u>		d. STREET ADDRESS (If outside, give location) <u>ROUTE #1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>SCHREE</u> Middle <u>LYNN</u> Last <u>BLUM</u>				4. DATE OF DEATH Month <u>DEC</u> Day <u>12</u> Year <u>1958</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>NOV 18 1958</u>		9. AGE (In years last birthday) <u>—</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and state or country) <u>DE SOTO, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>WILLIAM BLUM</u>				14. MOTHER'S MAIDEN NAME <u>FRANCES DETTER</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war & dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>WM BLUM Route #1 De Soto, Mo</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>BRAIN HEMORRHAGE (probably intermenstrual)</u>							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c) <u>760.0</u>				
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 <u>—</u> Month, Day, Year a. m. <u>—</u> p. m. <u>—</u>								
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 <u>12-10-58</u> to <u>12-12-58</u> and last saw her alive on <u>12-12-58</u> . Death occurred at <u>9:30 P</u> m on the date stated above; and to the best of my knowledge, from the cause stated.								
22a. SIGNATURE (Degree or title) <u>W. M. Applebaum M.D.</u>				22b. ADDRESS <u>8730 W. Kingsbury</u>		22c. DATE SIGNED <u>12/12/58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>12/14/58</u>	23c. NAME OF CEMETERY OR CREMATORIAL <u>CITY</u>		23d. LOCATION (City, town, or county) (State) <u>De Soto Hillsboro MO</u>			
24. FUNERAL DIRECTOR <u>MAHN FUNERAL HOME</u>		ADDRESS <u>De Soto MO</u>		25. DATE REC'D BY LOCAL REG. <u>DEC 16 58</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		

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 *Daniel J. Mahan*.....

Licensed Embalmer No. *47*.....

P. O. Address *W. C. T. A.*.....

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.