

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012358

FILED VS MAR 25 1960

Registration District No. _____ Primary Registration District No. _____ Registrar No. **2790** STATE FILE NUMBER

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 Saint Louis (16)	Length of stay in 1b Life	c. CITY OR TOWN Saint Louis (16)	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4324 Duke		d. STREET ADDRESS (If outside, give location) 4324 Duke	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ANTHONY J. BLUMENKEMPER			4. DATE OF DEATH Month Day Year Mar. 9, 1960		
5. SEX Male	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 9/25/98	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Lehman Machine	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Anton Blumenkemper		13b. MOTHER'S MAIDEN NAME Anna Meiner		14. NAME OF HUSBAND OR WIFE Alice Blumenkemper	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-01-7245	17. INFORMANT Address Alice Blumenkemper 4324 Duke (16)		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Respiratory Infection - Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 wk	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arterio-sclerotic heart disease		2 yrs.
	DUE TO (c) cardiac decompensation		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus (Bilateral Amputee)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.) 4200
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year				

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 Jan. 1955 to March 9, 60	COUNTY	STATE
21. I attended the deceased from Jan. 1955 to March 9, 60 and last saw him alive on Mar. 8-1960 Death occurred at 4:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) George A. O'Sullivan, M.D.	22b. ADDRESS 7629 Ivory Ave.	22c. DATE SIGNED 3-9-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Mar. 11, 1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery
23d. LOCATION (City, town, or county) (State) Lemay (25) Mo.		

24. FUNERAL DIRECTOR Fendler Und. Co. 7420 Michigan Ave.	25. DATE RECD. BY LOCAL REG. MAR 10 1960	26. REGISTRAR'S SIGNATURE Carl Smith, M.D.
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 ML

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.