RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

VS DEC 14 1960

NDED

60-043189
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 241

1. PLACE OF DEATH a. COUNTY St Charles	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Charles — Length of stay in 1b: 72 yrs	c. CITY OR TOWN St Charles — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hospital — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 428 McDonough — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Henry	Middle: G.	Last: Bloebaum	4. DATE OF DEATH	Month: Nov. Day: 30 Year: 1960
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 11/19/1888	9. AGE (last birthday): 72	IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book Keeper	10b. KIND OF BUSINESS OR INDUSTRY: Beer Distributor	11. BIRTHPLACE (City and state or country): St Charles Co	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13a. FATHER'S NAME: Henry Bloebaum	13b. MOTHER'S MAIDEN NAME: Ann Hilskemper	14. NAME OF HUSBAND OR WIFE: Ida Bloebaum			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 497-01-6865	17. INFORMANT: Ida Bloebaum	Address: St Charles Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Carcinoma Head Pancreas	3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	with Pyloric Obstruction	6 months
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1957, to Nov 30, 1960 and last saw her/him alive on Nov 30, 1960

Death occurred at 9:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Russell Linder MD	22b. ADDRESS: St Charles, Mo	22c. DATE SIGNED: Dec 2 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 12/3/1960	23c. NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery	23d. LOCATION (City, town, or county) (State): St Charles Mo.
24. FUNERAL DIRECTOR: Arthur C Baue Inc.	ADDRESS: St Charles Mo.	25. DATE RECD. BY LOCAL REG.: Dec. 2-60	26. REGISTRAR'S SIGNATURE: Maureen Wilson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MAR 31 1961

VS DEC 15 1960

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.