ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED MAY 25 1961

-61-019691

STATE FILE NUMBER

AMENDED √

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1321

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Koch — Length of stay in 1b 1691 days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Robt. Koch Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3629 A. Laclede — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Frank Middle Henry Last Blomker

4. DATE OF DEATH Month May Day 9 Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH 3-7-06

9. AGE (last birthday) 54 yrs. — 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) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Blomker-Dec.

13b. MOTHER'S MAIDEN NAME Margaret Zigler-Dec.

14. NAME OF HUSBAND OR WIFE -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

17. INFORMANT Address Koch Hosp.record, Koch, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA I PULMONARY EDEMA

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) CARCINOMA OF OROPHARYNX

~~DUE TO (c)~~ FIBROCAVITARY TUBERCULOSIS OF RT. APEX

INTERVAL BETWEEN ONSET AND DEATH

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

148 X 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 8-2-55, to 5-9-61 and last saw her/him alive on 5-9-61

Death occurred at 9:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Bernard Friedman M.D

22b. ADDRESS Robt. Koch Hosp. Koch, Mo.

22c. DATE SIGNED 5-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE May 13, 1961

23c. NAME OF CEMETERY OR CREMATORY New St. John Cemetery

23d. LOCATION (City, town, or county) (State) Mehlville, Missouri

24. FUNERAL DIRECTOR ADDRESS C. Hoffmeister Mortuaries ~~7814 So. Broadway St. Louis, Mo.~~

25. DATE RECD. BY LOCAL REG. 5-11-61

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Louis C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Bro

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.