MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1962

-62-013396
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 785

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	4000
2	4023
3	
4	1
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN — Length of stay in 1b: WKS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Evergreen Nursing Home — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St. Louis
c. CITY OR TOWN Frontenac — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 11532 Malvern Dr. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Martha Middle K Last Blomberg

4. DATE OF DEATH: Month March Day 5, Year 1962

5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Oct. 12-1872
9. AGE (last birthday): 89 — 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): at home
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (City and state or country): St. Louis Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Conrad Kellersman
13b. MOTHER'S MAIDEN NAME: Emma Tillman
14. NAME OF HUSBAND OR WIFE: Charles F. Blomberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. E.W. Mares Address 7216 Cornell U-City Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Terminal Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 wk. undetec.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Nephrosclerosis
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

MEDICAL CERTIFICATION

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 Oct. 1961, to Mar. 1962 and last saw her/him alive on Feb. 26 '62
Death occurred at 12:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Clarence L. Clark MD
22b. ADDRESS: 550 New Ballas Rd
22c. DATE SIGNED: 3/4/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Entombment
23b. DATE: 3-7-1962
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Mausoleum
23d. LOCATION (City, town, or county) (State): St. Louis County Missouri

24. FUNERAL DIRECTOR ADDRESS: C.R. Lupton and Sons 7233 Delmar
25. DATE RECD. BY LOCAL REG.: 3-6-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Blomberg
550 New Ballis
Dr. C.L. Clark
Old at New Ballis Rd.
HE. 2-2334
9:30 To
- Co Vice -

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St Louis, Mo.

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.