WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13044

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. St. Luke's Hosp. St. ..... Ward)

File No. .....

Registered No. 3333

2. FULL NAME Edmund D. Blossom

(a) Residence. No. Congress Hotel St., 12 Ward. (If nonresident give city or town and State)

(Usual place of abode) 275 N. Union

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7 1856

7. AGE: Years 70 | Months 8 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: General

(b) General nature of industry, business, or establishment in which employed (or employer): Insurance

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER: Henry M. Blossom

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER: Susan H. Bingham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York

14. INFORMANT: Mrs. E. A. Manny (Address) 5014 Westminster Place

15. FILED FEB -8 1927 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1927

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1927, to April 4, 1927, that I last saw h. alive on April 4, 1927, and that death occurred, on the date stated above, at 10 35 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93C Broncho-pneumonia

90B (duration) About mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis probably several (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Xray

(Signed) Walter Baumgarten, M. D.

April 4, 1927 (Address) Humboldt Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine | DATE OF BURIAL: April 7 1927

20. UNDERTAKER: Wagoner Und. Co. | ADDRESS: 3621 Olive