

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.

OCT 24 1931

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

Do not use this space.

31664

1. PLACE OF DEATH

County Jefferson
Township Metaline
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 425
Primary Registration District No. 5580

File No. _____
Registered No. 68

2. FULL NAME

August Augustus Blumenthal

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17- 1837

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
93 10 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 60

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

13. NAME August Blumenthal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Gehrlach

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. C. C. Strick

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue Park Cem. DATE 9/23/31

19. UNDERTAKER (ADDRESS) H. B. Brimmer

20. FILED 9/22 J. James Blumens Registrar.

20 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Saw him (dead) on Sep 21, 1931

I last saw him alive on Aug 25, 1931. Death is said to have occurred on the date stated above, at 3:30 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage caused by arterio sclerosis

Date of onset Sep 21, 31

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? Microscopical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? x Date of injury x, 1931

Where did injury occur? none

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury x

Nature of injury x

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) A. J. Livingston M. D.

(Address) Hilltop, Mo 647

