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.

DEC 12 1935

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

Do not use this space.

37384

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 9344

Township ..... Primary Registration District No. 1003 Registered No. 9344

City St Louis Mo (No. 500 So. Kingshighway St L. Childrens Hosp Ward)

2. FULL NAME Evelyn Blum (BLUM)

(a) Residence, No. 4223 Beethoven St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: F
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3/11/1929

7. AGE: YEARS 6 MONTHS 7 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ nil
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 ✓

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

FATHER
13. NAME: N. C. Blum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Lo. Co.

MOTHER
15. MAIDEN NAME: Minnie Scheer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

17. INFORMANT (ADDRESS): [illegible] 500 So Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE: [illegible] DATE: Nov. 8, 1935

19. UNDERTAKER (ADDRESS): [illegible] 1936 St Louis Ave

20. FILED NOV -7 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-6, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1935, to Nov. 6, 1935

I last saw her alive on Nov. 6, 1935 Death is said to have occurred on the date stated above, at 8 a.m.

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

	Date of onset
Lymphatic Leukemia	Nov. 1934
72a	
Other contributory causes of importance:	
Pneumonia - bronchs	Nov. 1

Name of operation — Date of —

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

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

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? — (Specify city or town, county, and State)

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

Manner of injury —

Nature of injury —

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

If so, specify

(Signed) Keller Mark, M. D.

(Address) 500 S Kingshighway