

REC'D JUN 9 1938

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

16778

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(e) Length of residence in city or town where death occurred yrs. mos. ds.Registration District No. 791Primary Registration District No. 1003Registered No. 4639(d) Street No. 4324 Duke
(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Name Anna Blumenkemper 455
(a) Residence, No. 4324 Duke St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anton Blumenkemper6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16, 18607. AGE YEARS 77 MONTHS 8 DAYS 4 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House work
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 Henry Mirmer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GermanyMOTHER 15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Anthony Blumenkemper 4324 Duke18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE May 23/3819. FUNERAL DIRECTOR (NAME) (ADDRESS) Fendler Und. Co. 7420 Michigan Ave.20. FILED MAY 21 1938 19 J. D. Bredich Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 193822. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1936 to May 20, 1938
I last saw her alive on May 20, 1938. Death is said to have occurred on the date stated above, at 2504 a.m.

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

Date of onset

Chronic arteriosclerosis 1934

Other contributory causes of importance:

Chronic Myocarditis 1936

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) Adam G. Youngman, M. D.(Address) 5439 Gravois.

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

Registered Apprentice No....., working under my personal supervision.

Signed..... *Henry J. Schumacher*

Licensed Embalmer No.....

P. O. Address..... *1117 Grandview*

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 this body is not embalmed, above space should be left blank.