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

REC'D JUL 12 1938

20327
Do not use this space.

791

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. St. Anthonys Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.
Primary Registration District No. 1003
Registered No. 5466

2. PRINT FULL NAME Leo Edward Blumfelder 451
(a) Residence, No. 3726 Arsenal St. St. 16
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Florence
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December, 22-1896
7. AGE: Years 41, Months 5, Days 22; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Insurance Agent
9. Industry or business in which work was done, as saw mill, bank, etc.: Life Ins. Co.
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: Joseph Blumfelder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Wileminia Redhorst
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Florence Blumfelder, 3726 Arsenal St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Peters DATE: June, 18, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wacker-Helderle, 2331 S. Broadway
20. FILED: JUN 17 1938 J. F. Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June, 15th, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 6, 1938, to June 15, 1936
I last saw him alive on June 15, 19.... Death is said to have occurred on the date stated above, at 10.05 A.M.
The principal cause of death and related causes of importance were as follows:
Myelogenous Leukemia — Date of onset
72 W
Other contributory causes of importance:
Hemolytic Strep. infection of left forearm
Name of operation ..... Date of .....
What test confirmed diagnosis? Labstrong Was there an autopsy? no
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) D. J. Vandover, M. D.
(Address) 3115 S. Grand Blvd

(Licensed Embalmer's Statement on Reverse Side)

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, 2645 Frank J. Ryland, or by Me.

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

Signed Frank J. Ryland.

Licensed Embalmer No. 2645

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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