

Registration District No. _____
Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution:
Missouri Pacific Hospital

(d) Length of stay: In hospital or institution 3 days

In this community 22 years

3. (a) PRINT FULL NAME Mr. Elmer Bloom

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Lukens Bloom

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased January 15th, 1904

8. AGE: Years Months Days If less than one day

36 1 7 hr. min.

9. Birthplace Bismarck Missouri

10. Usual occupation SLACKING

11. Industry or business MO. PAC. R.R.

12. Name Louis Bloom

13. Birthplace Irondale Missouri

14. Maiden name Elizabeth Woolford

15. Birthplace Belgrade, Missouri

16. (a) Informant's own signature Laura Bloom

(b) Address 5620 Itaska

17. (a) Burial (b) Date thereof Feb. 24, 1940

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. F. Creduch

(b) Address 1936 St. Louis Avenue

19. (a) FEB 23 1940 (b) J. F. Creduch

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis

(d) Street No. 5620 Itaska Avenue

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22nd, year 1940 hour 7 minute 55 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Person suffered

pericarditis

due to

shock

from

machinery

in

the

garage

at

his

home

5620 Itaska on Feb 18-1940

at about 8:30 P.M.

Other conditions (Include pregnancy within 3 months of death) _____

Whether Accidental _____

Major findings: _____

Of operations _____

Of autopsy Determined

Open Verdict

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Open Verdict

(b) Date of occurrence 2/18/40

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____

(Specify type of place) _____

(Specify means of injury) _____

23. Signature W. H. Berry (M. D. or other) _____

Address Regent's Corner Date signed 2-23-40

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39
50254-1-40
U. S. G. P. 1 X19311

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.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave.

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.