

Ed E. O. ...
43700
State File No. _____
Registrar's No. 219

REC'D JAN 25 1945 7
Registration District No. _____

Primary Registration District No. 3036

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
312 Reservoir Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life Time years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 212 Reservoir Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24
year 1940 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 37 to Dec 23, 1940
that I last saw him alive on Dec. 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia heart disease
Duration: 20 years

Due to _____
Due to _____
45 1/2

Other conditions: None
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: None
Of operations _____
Of autopsy None
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work: 1670 (Specify type of place)
(e) Means of injury _____

23. Signature: G. J. Conroy, M.D. (M. D. or other) _____
Address: St. Charles, Mo. Date signed 12-27-40

3. (a) PRINT FULL NAME: Theodore Frederick Bloebaum

3. (b) If veteran, name war: no 3. (c) Social Security No.: None

4. Sex: male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: October 3 1904
(Month) (Day) (Year)

8. AGE: Years: 36 Months: 2 Days: 21 If less than one day: _____ hr. _____ min.

9. Birthplace: St. Charles Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Shoe Sticker

11. Industry or business: _____

MOTHER FATHER { 12. Name: August E. Bloebaum

13. Birthplace: St. Charles Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Anna Hall

15. Birthplace: St. Peters Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Anna Bloebaum

(b) Address: 212 Reservoir St., St. Charles, Mo.

17. (a) Burial (b) Date thereof: Dec. 27-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Peters Cem., St. Charles, Mo.

18. (a) Signature of funeral director: H. C. Bellmeyer & Sons Co.
(b) Address: 300 N. Second, St. Charles, Mo.

19. (a) 1-10-41 (b) Blair
(Date received local registrar) (Registrar's signature)

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 John E. Dalhmer
Licensed Embalmer No. 2957
P. O. Address St Charles Mo

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.