S. No. 2
—11-10-39
. 5-17-39
I X21492

0
7
9
8

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

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12923

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 3353

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 176

(c) City or town St. Louis
(If outside city or town limits write "RURAL") 9

(d) Street No. 2610 Union Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No Attending Physician years.

3. (a) PRINT FULL NAME Herman George Bloemer

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Minnie

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

7. Birth date of deceased June 5th, 1851
(Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany 11
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. Hoffman (Daughter)
(b) Address 2610 Union Ave

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/18/41
(Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Kreeger-Voss-Fix, Inc.
(b) Address 3402 N. Kingshighway

19. (a) APR 18 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th
year 1941 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Left Femur Arteriosclerosis Suffered when he slipped and fell to floor in Main Corridor of Sherman Park Community Center 4/12/41 11:30 am

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 186a

Of autopsy 39

Duration

PHYSICIAN

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) Accident
(b) Date of occurrence 4/12/41 000
(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
(Specify type of place)
While at work? (e) Means of injury

23. Signature James J. Fitzgerald Coroner (M. D. or other) 3
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

Not embalmed

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.....

P. O. Address.....

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.