No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19948

FILED JUL 21 1941

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 4760

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1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week
In this community 70 Yrs. 9 Mos. 22 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis Co
(c) City or town ~~St. Louis~~ Mo (If outside city or town limits, write "RURAL")
(d) Street No. 3939 Canterbury Dr. County (If rural, give location) Pasadena Hills
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME Louisa Blomberg
3. (b) If veteran, name war Nil
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Louis Blomberg
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Aug. (Month) 14 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
70	9	22	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housework
11. Industry or business Home
MOTHER FATHER
12. Name Herman Binder
13. Birthplace Unk. (City, town, or county) Germany (State or foreign country)
14. Maiden name Regina Brum
15. Birthplace Unk. (City, town, or county) Germany (State or foreign country)
16. (a) Informant F. E. Blomberg
(b) Address 3939 Canterbury Dr. (Pasadena
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/ 9/41 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Quadmayer & Sons
(b) Address 3934 N. 20th. St.
19. (a) JUN 9 1941 (Date received by Registrar) (b) L. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1941 hour 11:00 minute P. M.
21. I hereby certify that I attended the deceased from April 10, 1935, to June 6, 1941; that I last saw her alive on June 6, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary disease — 3 yrs.
Congestive heart failure — 2 wks.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None!
Of autopsy None

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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Edward Burnett (M. D. or other) M.D.
Address 1504 So Grand Date signed 6-5-41

(Licensed Embalmer's Statement on Reverse Side)

Dr C. Bonnot
3635 Castelmar
Sr. 3048

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

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

If this body is not embalmed, fact should be so stated above.