

7-2
4-41
7-39
K28390

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1270

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

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

In this community 12 years
(years, months or days)

3. (a) PRINT FULL NAME Andrew Blum

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

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: Oct. 26, 1862
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|-----------|--|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>78</u> | <u>7</u> | <u>22</u> | hr. <u> </u> min. <u> </u> |

9. Birthplace Orville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER

12. Name Peter Blum

13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Marie Schaege

15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clara Levin

(b) Address 2601 Bredel, Maplewood

17. (a) Burial (b) Date thereof 6-30-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Louis H Bopp Inc

(b) Address Maplewood, Mo.

19. (a) JUN 19 1941 (b) DR. Meyer M. D. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Baldwin
(If outside city or town limits, write "RURAL")

(d) Street No. Main Street and Reese Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1941 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from 6-14-41
19 to 6-17-41 19 ;

that I last saw h. im alive on 6-17-41
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Duration 3 wks

Due to Hypertensive Cardiovascular

Heart Disease

Due to

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Large dilated hypertensive heart

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?

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

23. Signature Lee Hall (M. D. or other)

Address Co. Days Date signed

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

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 M Meyer*
Licensed Embalmer No. *3285*
P. O. Address *Riskwood, Pa*

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, fact should be so stated above.