

Registration District No. 167842

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1327-A Highland Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1327 A. Highland Terrace
(If rural, give location)
(e) Citizen of foreign country? No.
If yes, name country X X X X X X

3. (a) PRINT FULL NAME JOHN BLUMER

3. (b) If veteran, name war None
3. (c) Social Security No. 497-05-2620

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Blumer
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased January 10th 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 XXXX 38 2 hr. 30 min.

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

10. Usual occupation Cement Worker

11. Industry or business Concrete

12. Name Joseph Blumer
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name L. Schaeffer
15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant George Blumer (Son)

(b) Address 2615 Bremerion

17. (a) Burial (b) Date thereof 2 10 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation XXXXX St. Peters Church Cem.

18. (a) Signature of funeral director Nation-Bochlage
(b) Address 6536 Clayton Road

19. (a) FEB 10 1942 (b) E. D. McLaughlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from Feb. 4 to Feb. 8 1942
that I last saw him alive on Feb. 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with decompensation
Duration 1 yr.

Due to
Due to
Other conditions Acute dilatation of heart
(Include pregnancy within 3 months of death) see above
Due to poor teeth. 5 days

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charge 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) (e) Means of injury
Signature E. J. Williamson M. D. or other
Address 6336 Clayton Road Date signed 2/9/42

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

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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..... *Welford H. Burnley*
Licensed Embalmer No..... *4202*
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, fact should be so stated above.