

S. No. 2
OM-2-43
v. 5-17-39
X35887

21264

DEPARTMENT OF COMMERCE, BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1236

Registration District No. _____ Primary Registration District No. 3063

1. PLACE OF DEATH: St. Louis
(a) County _____
(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
In this community 4 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 118 Horn Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Adolph Blume
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month June day 5th
year 1946 hour Five minute 30 A.M.

21. I hereby certify that I attended the deceased from June 2nd, 1946 to June 5th, 1946
that I last saw him alive on June 5th, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Eula Kinsey 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Nov. 29 - 1884
(Month) (Day) (Year)

Immediate cause of death Drinks Poisoning 2 days

8. AGE: Years 78 Months 7 Days 16 If less than one day _____ hr. _____ min.

Due to Nephrosclerosis ?
Due to Hypertensive vascular disease

9. Birthplace Highland Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation none

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business Blume
12. Name _____
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Frick
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy 92A
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Eula Blume - wife
(b) Address 118 Horn Ave, Lemay
17. (a) _____ (b) Date thereof 6/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ogontz Ill
18. (a) Signature of funeral director Frank W. G.
(b) Address 7420 Michigan Ave
19. (a) 6-7-46 (b) W. D. ...
(Date received local registrar) (Registrar's signature)

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 if
23. Signature Paul B. ... (M. D. or other) M.D.
Address St. Louis County, Mo. Date signed 6/5/46

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

6
2
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20163

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

Oliver E. Hendler

Licensed Embalmer No. *4148*

P. O. Address *Jersey*

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.