

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

39159  
DEPARTMENT OF HEALTH OF THE STATE OF MISSOURI  
BUREAU OF VITAL RECORDS  
**FILED JUL 3 1946**  
STANDARD CERTIFICATE OF DEATH  
1003

21545  
State File No.  
Registrar's No. 5589

Registration District No. 318 Primary Registration District No. 1003

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: **St. Louis City Hospital**  
**Max C. Starkloff Memorial**  
(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:  
(a) State..... **Missouri** (b) County..... **000**  
(c) City or town..... **St. Louis** **117**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **209 a Bowen St.** **9**  
(If rural, give location)  
(e) Citizen of foreign country?..... **no** (Yes or No) **5**  
If yes, name country.....

3. (a) PRINT FULL NAME **GEORGE BLUMENTHAL**  
3. (b) If veteran, name war..... **no** 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced..... **Married**  
6. (b) Name of husband or wife..... **Anna** 6. (c) Age of husband or wife if alive..... **64** years  
7. Birth date of deceased **August 4 1883**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **10** Days **18** If less than one day hr. min.

9. Birthplace **St. Louis Mo. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Painter**

11. Industry or business.....  
12. Name..... **William Blumenthal** **4**  
13. Birthplace..... **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Wilhelmina Frick**  
15. Birthplace..... **Belleville Illinois**  
(City, town, or county) (State or foreign country)  
16. (a) Informant..... **Harold Blumenthal**

(b) Address..... **209 a Bowen St.**  
17. (a) **Burial** (b) Date thereof..... **June 25, 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... **St. Trinity Cemetery**

18. (a) Signature of funeral director..... **C. Hoffmeister U. & L. Co.**  
(b) Address..... **7814 S. Broadway**

19. (a) **JUN 25 1946** (Date received local registrar)  
**J. J. Briceek** (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **22**  
year **1946** hour **2:50** minute **P** M.  
21. I hereby certify that I attended the deceased from **June 18**  
**66** to **June 22 46**, 19 **46**  
that I last saw him alive on **June 22 46**  
and that death occurred on the date and hour stated above.

Immediate cause death..... **Heart failure**  
Due to..... **Hypertensive Cardiac - vascular disease**  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings:  
- Of operations..... **950**  
- Of autopsy.....  
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)  
(e) Means of injury..... **0**  
**Phil E. Smith** (M. D. or other)  
Address **1515 Lafayette AVENUE** Date signed **6/24/46**

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

MOTHER FATHER

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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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 S Broadway*

**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.**