

Registration District No. **317** Primary Registration District No. **6076**

**1. PLACE OF DEATH:**  
 (a) County **St. Louis**  
 (b) City or town **Bridgeton, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Bridgeton, Mo.**  
(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 **9.6**  
 (c) City or town **Bridgeton**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Hortense Blum**  
**3. (b) If veteran,** name war \_\_\_\_\_  
**3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** **Female** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced, or widow** **Widow**  
**6. (b) Name of husband or wife** **Emanuel Blum**  
**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **Unknown**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
about:	69	--	--	hr. min.

**9. Birthplace** **Alsace** **Lorraine**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** **at home**

**11. Industry or business** \_\_\_\_\_  
**12. Name** **Unknown**  
**13. Birthplace** **Alsace Lorraine**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Unknown**  
**15. Birthplace** **Alsace Lorraine**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Marguerite Blum**  
**(b) Address** **Bridgeton, Mo.**  
**17. (a) Burial** **(b) Date thereof** **2-20-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Mt. Olive Cemetery**

**18. (a) Signature of funeral director** **Herman Rindhoff, Jr.**  
**(b) Address** **5216 Delmar Blvd.**  
**19. (a) 2-21-47** **(b) Ruth E. Allen, M.D.**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Feb.** day **18**  
 year **1947** hour **9** minute **A. M.**  
**21. I hereby certify that I attended the deceased from** **January** 19 **45** to **Feb 16** 19 **47**  
 that I last saw her alive on **Feb 16** 19 **47**  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death: **Hypertensive heart disease**  
**Hypertension**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions: **Diabetes mellitus**  
(Include pregnancy within 3 months of death)

Duration  
**3-4 years**

**PHYSICIAN**  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 \_\_\_\_\_  
**23. Signature** **R. C. Treiman** (M. D. or other)  
 Address **6233 Delmar** Date signed **2/19/47**

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

# 279  
 447

MAR 6 1947

---

---

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

*W. P. Burgess*

Licensed Embalmer No.

4029

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.**