. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 28 1947
Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 15929
Registrar's No. 897

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2018 Switzer Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 43 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis Jennings 96
(c) City or town ~~St. Louis~~ 6
(If outside city or town limits, write "RURAL")
(d) Street No. 2018 Switzer Ave. 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minna T. Blumenthal,
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Christ Blumenthal
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased May (Month) 13th. (Day) 1870 (Year)

8. AGE: Years 76 Months 11 Days 5 If less than one day hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Tygoec 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown 4
15. Birthplace Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. Christ Blumenthal
(b) Address 2018 Switzer Ave.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) 4-21-47 (Date received local registrar) (b) Carl C. Sharp MD MS (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1947 hour 3:00 minute AM
21. I hereby certify that I attended the deceased from 30 March 1947, to 18 April 1947;
that I last saw her alive on 12 April 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	3 weeks
Due to: Hypertensive Cardio-vascular disease	
Due to: 93 d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause of 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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature Harold C. Lille (M. D. or other) MD
Address 5738 W Florissant Date signed 4/18/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

5738 W. Florissant Ave
Dr. Heble

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 P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

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.