

S. No. 2
12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 444

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 36

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
In this community Entire life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cape Girardeau
(c) City or town near Whitewater Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mile north of Whitewater
(If rural, give location)
(e) Citizen of foreign country? (Yes) or No
If yes, name country _____

3. (a) PRINT FULL NAME MONROE COLUMBUS BLUMENBERG
3. (b) If veteran, name war
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 Virginia Durdan
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 10, 1896
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 - day 28
year 1948 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from 12-10 1947, to 1-28 1948
that I last saw him alive on 1-28 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 51 Months 2 Days 18 If less than one day _____ hr. _____ min.
9. Birthplace Whitewater Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business _____
12. Name Louis Blumenberg 4
13. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Herzog
15. Birthplace Rehott Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Alvin Blumenberg
(b) Address Goddsville Mo.
17. (a) Burial (b) Date thereof Feb 1-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery
18. (a) Signature of funeral director J. Miller
(b) Address Goddsville
19. (a) 2-4-48 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

Immediate cause of death Carcinoma of Colon Duration _____
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: H&E
Of operations _____
Of autopsy _____
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 C. C. Summers (M. D. or other) _____
Address Cape Girardeau Date signed 2/2/48

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

16
4

110

1948

1948

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

Health Officer No. 4

File Number 248-166

Date Filed 2-11-48

AUG 17 1948

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 *Gene C. Crawford*

Licensed Embalmer No. *4327*

P. O. Address *Jackson, Mo.*

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.