No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 26 1948
Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2165
Primary Registration District No. 3059
Registrar's No. 5

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Farmington 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charley Bloom
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex m
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Julia Mullins
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 11 1861
(Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Ste. Genevieve County, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation retired
11. Industry or business
FATHER
12. Name James Bloom
13. Birthplace Ste. Geneiveive County, Mo.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Skaggs
15. Birthplace Madison County, Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Ada Zollman
(b) Address 4132 Washington Ave. St. Louis Mo.
17. (a) burial (b) Date thereof 1-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Cem.
18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Mo.
19. (a) 1-13-48 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 12
year 1948 hour 4 minute 40 P.M.
21. I hereby certify that I attended the deceased from Oct 1st, 1946, to Jan 11, 1948
that I last saw him alive on Jan 11, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia virus Bilateral	17 days
Due to	
Due to	
Other conditions: Chronic Bronchitis (Include pregnancy within 3 months of death)	10 yrs

Major findings:
Of operations
Of autopsy
109A

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature S. A. Langofane (M. D. or other) mal.
Address Farmington, Mo. Date signed 1-12-48

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

RECEIVED

District Health Officer No. 4

District File Number 148-92

Date Filed 1-19-48

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 C H Crozier

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.