

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5883

FILED FEB 16 1951

State File No. _____
Registrar's No. 864

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. _____		Registrar's No. <u>864</u>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo.</u>			c. LENGTH OF STAY (In this place) <u>19</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS, MO</u>			2197				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>ST. LOUIS, MO 3944 Alton</u>									
3. NAME OF DECEASED (Type or Print) <u>CHARLES W. BLUME</u>				a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 26, 1951</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APRIL 8 1874</u>		9. AGE (In years last birthday) <u>76</u>		# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 RES. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SHOE WORKER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE</u>			11. BIRTHPLACE (State or foreign country) <u>JEFFERSON CITY MO. 0</u>			12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME <u>JOHN, BLUME.</u>				13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>				14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WILLIAM BLUME, 902 N. KINGSHIGHWAY</u>								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdural hemorrhage Internal</u> <u>hemorrhage suffered when struck by automobile operated by one Frank Owens in front of about 5933 Delmar Blvd. about 6:20 pm</u> DUE TO (c) <u>Jan 26 1951</u>										INTERVAL BETWEEN ONSET AND DEATH	
		2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>										20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SHOPE HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 26 51 2:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>E 8124</u>								
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:20 p.m.</u> , from the causes and, on the date stated above. <u>26</u>													
23a. SIGNATURE <u>Patrick E. Taylor Coroner</u> (Degree or title)					23b. ADDRESS <u>1300 Clark</u>			23c. DATE SIGNED <u>1. 27. 51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN, 29, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>			24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO</u>						
DATE REC'D BY LOCAL REG. <u>JAN 28 1951</u>		REGISTRAR'S SIGNATURE <u>J. S. Lusater</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SULLIVAN BROS. 2849 N. EUCLID. AVE.</u>								

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

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

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Robert L. Pinkman

Student Embalmer No.....

Licensed Embalmer No. *3553*

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.