

FILED APR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11050

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 673

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis City</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koch, Mo.</u>		c. LENGTH OF STAY (in this place) <u>12 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2169</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>				STREET ADDRESS (If rural, give location) <u>16 2820 S. Compton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u>			b. (Middle) <u>Bluestone</u>			c. (Last) <u>Bluestone</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>3-14-51</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>UNKNOWN</u>		9. AGE (in years, months, days) <u>45</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Liquor Store</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel Bluestone</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Pomerance</u>			14. NAME OF HUSBAND OR WIFE <u>Amanda Bluestone</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records of Robert Koch Hospital</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, asthma, etc. It means the disease, injury, or complication which caused death.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Staphylococcus septicemia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>9 weeks</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>3-13-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Paravertebral abscess</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-2</u> , 19 <u>51</u> , to <u>3-14-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-14-</u> , 19 <u>51</u> , and that death occurred at <u>3:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Arcl R. Brown, M.D.</u> (Degree or title)				23b. ADDRESS <u>Robert Koch Hospital</u>		23c. DATE SIGNED <u>3-14-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/16/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-15-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman Rudstorf Ave - 5716 Delmar</u>			

RWR (Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3880

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.