

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15082

State File No. _____

FILED APR 28 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3062 Registrar's No. 944

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brentwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brentwood</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9027 Eager Road</u>		e. STREET ADDRESS <u>9027 Eager Road</u>	

3. NAME OF DECEASED (Type or Print) <u>Mauda Genung Blumeyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1951</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>July 5, 1879</u>		9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Breaston A. Genung</u>	
14. MOTHER'S MAIDEN NAME <u>Evelyn Hagens</u>		15. NAME OF HUSBAND OR WIFE <u>Conrad Blumeyer</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Conrad Blumeyer</u>		18. ADDRESS <u>9027 Eager Road</u>		19. DATE OF OPERATION <u>July 1950</u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Breaston A. Genung</u>		14. MOTHER'S MAIDEN NAME <u>Evelyn Hagens</u>	
15. NAME OF HUSBAND OR WIFE <u>Conrad Blumeyer</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Conrad Blumeyer</u>	
18. ADDRESS <u>9027 Eager Road</u>		19. DATE OF OPERATION <u>July 1950</u>		20. MAJOR FINDINGS OF OPERATION <u>Carcinoma of both ovaries with metastases</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>Carcinoma of ovaries</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 mo +</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>us ?</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>none</u>		175X	

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) (Min) _____		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 July 1st, 1950, to April 10, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph Davie M.D.</u> (Degree or title)		23b. ADDRESS <u>906 Olive St</u>		23c. DATE SIGNED <u>4-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>		24b. DATE <u>April 12, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>		DATE REC'D BY LOCAL REG. <u>4/11/51</u>		REGISTRAR'S SIGNATURE <u>Robert R. Lupton M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton & Sons</u>		ADDRESS <u>7233 Delmar Blvd.</u>			

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

406
7077

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.