

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32754

FILED OCT 1 1952

State File No. 32754
Registrar's No. 8611

318 1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2159	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 4524 Miami St	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4524 Miami St			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Emily	b. (Middle)	c. (Last) Blum	(Month) (Day) (Year) Sept 13, 1952

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 17, 1876	9. AGE (In years last birthday) 76	10. UNDER 1 YEAR Months 10	11. OVER 1 YEAR Days 4	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Newtite Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Silas Williams	13b. MOTHER'S MAIDEN NAME Emily Williams	14. NAME OF HUSBAND OR WIFE Joseph Blum
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME John Cullage	18. ADDRESS 4524 Miami St.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pernicious anemia -		Not known
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart overlops from stroke + heart DUE TO (c) Cause not known		3 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Colon diverticula - Hiatal hernia		Not known	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 7845
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22. I hereby certify that I attended the deceased from Sept 1, 1952, to Sept 13, 1952, that I last saw the deceased alive on Sept 13, 1952, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Francis A. Ritchie (Degree or title) M.D.	23b. ADDRESS 5233 Westview Dr. (8)	23c. DATE SIGNED 9.14.52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 15, 1952	24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul	24d. LOCATION (City, town, or county) (State) Gravois Ave. Mo.
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DATE REC'D BY LOCAL REG. SEP 15 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Bull Campbell	ADDRESS Mortuary 4215
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

cause of hemorrhage in terminal

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 *Rex P Campbell*

Licensed Embalmer No. *3881*

P. O. Address *St Louis 8, 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.