

FILED NOV 6 - 1953

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 37881

No. 300

10-48

 XC 17 755 808
 R.# 113 759

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 500	Registrar's No. 2738
1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution, give name) a. STATE MISSOURI b. COUNTY St. Charles		
b. CITY (If outside corporate limits, write RURAL and give town or township) JEFFERSON BARBACKS, MO.		c. LENGTH OF STAY (in this place) 29 days	c. CITY OR TOWN ST. CHARLES	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) 212 RESERVOIR		
3. NAME OF DECEASED (Type or Print) a. (First) PETER		b. (Middle) H.	c. (Last) BLOEBAUM	4. DATE OF DEATH (Month) (Day) (Year) 10-21-53
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3-13-87	9. AGE (In years last birthday) 66 if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY IRON WORK	11. BIRTHPLACE (City and State or Foreign Country) ST. PETERS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME AUGUST BLOEBAUM		13b. MOTHER'S MAIDEN NAME ANNA DOLL	14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 7-13-07 to 7-14-22 Unknown	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BKS, MO.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE HEMORRHAGIC PANCREATITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Necrosis of suture line of Gastro-Jejunostomy with rupture DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute and Chronic Gastric Ulcer		INTERVAL BETWEEN ONSET AND DEATH 18 hrs Unknown Unknown
19a. DATE OF OPERATION 10-14-53		19b. MAJOR FINDINGS OF OPERATION Gross Gastric Ulcer		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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 9-22-53, 19__, to 10-21-53, 19__, that I last saw the deceased living and that death occurred at 7:05A m., from the causes and on the date stated above.				
23a. SIGNATURE <i>[Signature]</i>		(Degree or title) M.D.	23b. ADDRESS VA HOSPITAL, JEFF. BKS, MO.	23c. DATE SIGNED 10-21-53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Oct. 24, 1953	24c. NAME OF CEMETERY OR CREMATORY Saint Peter's Cemetery	24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.	
DATE REC'D BY LOCAL REG. 10/23/53	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE W. C. Dallmeyer & Son, St. Char. Mo.		

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

(Licensed Embalmer's Statement on Reverse Side)

1958

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.....
Signature of Student Embalmer

Signed *Frank R. Amal...*

Licensed Embalmer No. *48*

P. O. Address *St. Charles*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.