

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9773**

BIRTH NO. **FILED APR 12 1954** REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **89**

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY OR TOWN Saint Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles	
c. LENGTH OF STAY (In this place) res.		d. STREET ADDRESS (If rural, give location) 212 Reservoir	
d. FULL NAME OF HOSPITAL OR INSTITUTION 212 Reservoir			

3. NAME OF DECEASED (Type or Print) a. (First) Anna	b. (Middle) M.	c. (Last) Bloebaum	4. DATE OF DEATH (Month) (Day) (Year) April 5, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 15, 1868	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 6	IF UNDER 1 HRS. Days 20	IF UNDER 1 HRS. Hours 	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Peter Doll	13b. MOTHER'S MAIDEN NAME Barbara (?)	14. NAME OF HUSBAND OR WIFE August Bloebaum
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wm. Delger, Saint Charles, Mo.	ADDRESS Saint Charles, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis DUE TO (c) Generalized arteriosclerosis		
II. 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 334 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?
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22. I hereby certify that I attended the deceased from **April 24, 1953**, to **April 5, 1954**, that I last saw the deceased alive on **April 5, 1954**, and that death occurred at **1:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. J. Canty	(Degree or title) W.D.	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED April 6, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 18, 1954	24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
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DATE REC'D BY LOCAL REG. April 7 1954	REGISTRAR'S SIGNATURE Frankie Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE W. C. Dalloway	ADDRESS St. Charles, Mo.
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(Licensed Embalmers' 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

Frank R. Qualen

Licensed Embalmer No. *4827*

P. O. Address *St. Charles, 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.