.S. No. 300
v. 10.48

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

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31908

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7953

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (in this place): 63 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 6219 Pointview

3. NAME OF DECEASED (Type or Print)
a. (First): ALMA
b. (Middle): A.
c. (Last): BLEEDORN

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 26,1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: June 24,1893
9. AGE (In years last birthday): 63 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Household
11. BIRTHPLACE (City and State or Foreign Country): St.Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Lauth
13b. MOTHER'S MAIDEN NAME: Louise Jung
14. NAME OF HUSBAND OR WIFE: George Bleedorn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.: 495-24-2124
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Marion J. Houts, 6219 Pointview

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia, severe — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
Gen'l Carcinomatosis — DUE TO (b) Generalized Carcinomatosis — 6 mo.
Primary cancer of breast — DUE TO (c) Primary Ca Breast — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 170+

19a. DATE OF OPERATION: 1-9-56.
19b. MAJOR FINDINGS OF OPERATION: Serious Ca-Breast Grade ~~III~~ Grade IV
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-11, 19 50 *to* 8-26, 1956, *that I last saw the deceased alive on* 8-26, 19 56, *and that death occurred at* 7:00A m., *from the causes and on the date stated above.* 8-28-56

23a. SIGNATURE Wm. W. Farley M.D. (Degree or title) — William W Farley MD
23b. ADDRESS 3108 S. Grand — 3108 S. Grand
23c. DATE SIGNED 8-28-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-29-56
24c. NAME OF CEMETERY OR CREMATORY: Our Redeemer Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: AUG 28 1956
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: BEIDERWIEDEN F.H.INC., 1936 St.Louis Ave.
(Licensed Embalmer's Statement on Reverse Side)

Phone - PR 8-5172
Hours - 12:30 -5:00 Monday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gustav W. Gutsche

Licensed Embalmer No. 432

P. O. Address St. Louis 9

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.