URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

'59 045247

FILED VS JAN 11 1960

IENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 211711 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 1½ Weeks	c. CITY OR TOWN Charlack Village — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane Hospital — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 2715 Endicott Ave., 14 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: CHARLES	Middle:	Last: BLUM	4. DATE OF DEATH Month, Day, Year: December 16th, 1959	
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 12-27-63	9. AGE (last birthday): 95 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter	10b. KIND OF BUSINESS OR INDUSTRY: Contracting	11. BIRTHPLACE (City and state or country): Austria	12. CITIZEN OF WHAT COUNTRY: USA	
13a. FATHER'S NAME: (Unknown) Blum	13b. MOTHER'S MAIDEN NAME: Unknown	14. NAME OF HUSBAND OR WIFE: Late Mary Blum		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Henry A. Blum, 2715 Endicott Ave., 14 — Address		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) cerebrovascular thrombosis — Cerebrovascular Thrombosis — 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) rt. lobar pneumonia — Rig Lt Lobar Pneumonia — 2 weeks

DUE TO (c) arteriosclerotic heart disease — Arteriosclerotic Heart Disease — ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12/5/59, to 12/16/59 and last saw her/him alive on 12/16/59

Death occurred at 9:30P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Leonard Mellas, M.D.	22b. ADDRESS: 2715 Endicott	22c. DATE SIGNED: 12/17/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 12-19-59	23c. NAME OF CEMETERY OR CREMATORY: Zion Cemetery	23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS: CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri	25. DATE RECD. BY LOCAL REG.: DEC 17 1959	26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MSB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Ralph C. Lindsey

Signature of Student Embalmer

Licensed Embalmer No. 4275

P. O. Address St Louis Mo

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