

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28614

1. PLACE OF DEATH

County.....St. Louis..... Registration District No. 791..... File No.
 Township.....Deaconess Hospital..... Primary Registration District No. 11003..... Registered No. 8147.....
 City.....St. Louis..... (No. Deaconess Hospital)..... St. Ward)

2. FULL NAME

Olva Blackburn
 (a) Residence. No. 328 Weiss Av. County 11 Ward. St. Louis 20. Mo
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 27 1908

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>18</u>	<u>10</u>	<u>17</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newbraska

10. NAME OF FATHER W. Groat

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dakota

12. MAIDEN NAME OF MOTHER Mable Baker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Canada

14. INFORMANT Mr. W. Groat
 (Address) 328 Weiss Av. County 11

15. FILED SEP 14 1927 May C. Sturkey
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 13 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1927, to Sept 13, 1927 that I last saw h. alive on Sept 13, 1927, and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Puerperal Sepsis
146 145A
129 (duration) - yrs. - mos. - ds.
 CONTRIBUTORY (SECONDARY) Pelvic peritonitis
 (duration) - yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH... 328 Weiss Av. St. L. Co.

DID AN OPERATION PRECEDE DEATH? No DATE OF No.
 WAS THERE AN AUTOPSY? None.

WHAT TEST CONFIRMED DIAGNOSIS? None.
 (Signed) W. H. Behrens M. D.
Sept 13 1927 (Address) 4141 W Belle Pl.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Park Lawn DATE OF BURIAL Sept 16 1927

20. UNDERTAKER Henrich Undertaking ADDRESS 7819 Mid.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORDING INK—THIS IS A PERMANENT RECORD

