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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. St Mary's Infirmary St. ..... Ward)

File No. 43409

Registered No. 12721

2. FULL NAME John A Blackstein

(a) Residence. No. 5719 Lee Ave St., 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 20 - 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	75	10	6	

8. OCCUPATION OF DECEASED 51C

(a) Trade, profession, or particular kind of work Machinist 132B

(b) General nature of industry, business, or establishment in which employed (or employer) 133C

(c) Name of employer Broderick-Bascom

9. BIRTHPLACE (CITY OR TOWN) Jacksonville
(STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Jerrie Blackstein

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

12. MAIDEN NAME OF MOTHER Rachael Rule

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

14. INFORMANT Mrs. Elsie Martin
(Address) 5719 Lee Ave

15. FILED 21, 1928 Max C Starkey REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1928, to Dec 26, 1928 that I last saw h.f.m. alive on Dec 26, 1928 and that death occurred, on the date stated above, at 6:25 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of prostate with occlusion of ureters and billateral hydronephrosis.

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Uremia

(duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 5719 Lee

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes.

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) G D Brown, M. D.

Dec 27, 1928 (Address) 1536 Papin St.

*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	DATE OF BURIAL
St Peters	Dec 29 1928

20. UNDERTAKER	ADDRESS
Kron. L U Co	2707 N. Grand

WHITE CABINET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.