

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

Do not use this space.

20516
20518

1. PLACE OF DEATH

County St. Louis Registration District No. 788
Township St. Louis Primary Registration District No. 471
City Wentz Grove (No. 111) St. Rockwood St. _____ Ward)

File No. _____
Registered No. 37

2. FULL NAME

Guss Blackshaw
(a) Residence. No. 1000 N. Compton and St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. ____ mos. ____ da. How long in U. S., if of foreign birth? yrs. ____ mos. ____ da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>48</u>	-	-	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Hard Carrier</u> (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) Unknown

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Henry Green
(Address) 3315 Pine St

15. FILED 6-17-30 Arthur W. Heston REGISTRAR
Jeffrey Henson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
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CONTRIBUTORY (SECONDARY) None
(duration) yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED B.C.
IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) John C. Powell M. D.
6/16 1930 (Address) Forbes & Lewis Party

*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 Father's Burial Case DATE OF BURIAL 6-20 1930

20. UNDERTAKER Timber & Toney 3129 Reeves Ave ADDRESS

WRITE PLAINLY, 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.

