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

Do not use this space.

37968

1. PLACE OF DEATH

County .... Registration District No. 791 1003 File No. 11118

Township St. Louis Mo Primary Registration District No. .... Registered No. ....

City St. Louis Mo (No. City Sanitarium St. .... Ward)

2. FULL NAME John Blackwell

(a) Residence. No. 6642 Hoffman av. 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX: Male	4. COLOR OR RACE: white	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown			
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 28 1853			
7. AGE: 77 YEARS	MONTHS: 3	DAYS: —	If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: Farmer			
(b) General nature of industry, business, or establishment in which employed (or employer): Unknown			
(c) Name of employer: Retired			
9. BIRTHPLACE (CITY OR TOWN) .... (STATE OR COUNTRY) Illinois			
PARENTS 10. NAME OF FATHER: Unknown			
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .... (STATE OR COUNTRY) Illinois			
12. MAIDEN NAME OF MOTHER: Unknown			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .... (STATE OR COUNTRY) Illinois			
14. INFORMANT: John J. Ryan M.D. (Address) 5400 Arsenal St.			
15. FILED Nov 24 1930 ..., 19.. Max C. Starkloff REGISTRAR			

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 - 23 1930

17. I HEREBY CERTIFY, That I attended deceased from 11 - 3, 1930, to 11 - 23, 1930, that I last saw him alive on 11 - 23, 1930, and that death occurred, on the date stated above, at 8 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) yrs. mos. 21 ds. +

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(duration) yrs. mos. 21 ds. +

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

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) John J. Ryan, M. D.

11-23, 1930 (Address) 5400 Arsenal 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. Matthews	11/25 1930
20. UNDERTAKER: A. W. McLaughlin	ADDRESS: 1631 No.

970

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD