

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

16367

## 1. PLACE OF DEATH

County.....

Registration District No. 701

File No. ....

Township.....

Primary Registration District No. 1001Registered No. 4878City St. Louis(No. 1001)Primary Registration District No. 1001

St. ....

Ward) ....

## 2. FULL NAME

(a) Residence. No. ....  
(Usual place of abode)

St. ....

12 Ward. Herald Mo

(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

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED OR  
DIVORCED (write the word)Single5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

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

July 30, 1915

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.15823

8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of workStudent(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Hasenrade Co

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Rudolph Blackwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Otha Burton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

Etto BlackwellHerald Mo.

15.

FILED

Ray C Starkloff

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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

4 22 193117. No Physician in attendance  
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..... 10:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Shock & Dismal  
received when he jumped from  
auto, in which he was travelling  
near Herald, Mo. (duration) ..... yrs. .... mos. .... ds.CONTRIBUTORY  
(SECONDARY)Accident  
(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IS NOT A PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Lerner M.D.4/23, 1931(address) Deputy, Bureau\*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

Herald Mo4/25/31 19

20. UNDERTAKER

ADDRESS

Lane Und Co.Herald Mo.

