

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

Do not use this space.

24133



1. PLACE OF DEATH

County Lutheran Hospital Registration District No. 791
 Township _____ Primary Registration District No. 600
 City St. Louis Mo. (No. Lutheran Hosp) _____ St. _____ (Ward)

File No. _____
 Registered No. 6200

2. FULL NAME

LINZY H. BLACKBURN
 (a) Residence. No. 6750 Permead St. 3 Ward.

(Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 20 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary Jane Blackburn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 12, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
72 4 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Coal Miner
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

10. NAME OF FATHER John Blackburn

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Earl Blackburn (Address) 6209 Arthur Ave St. Louis

15. FILED JUL -5 1932 W. C. Starnes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4 1932

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to July 4, 1932 that I last saw him alive on July 3, 1932, and that death occurred, on the date stated above, at 8:15 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Endocarditis
106 B
106 B 97 AB
Aspl. Sclerosis
 CONTRIBUTORY (SECONDARY) Ch. Mononucleosis (duration) 1 yrs. 0 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Home
 IF NOT AT PLACE OF DEATH Lutheran Hosp.

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

WHAT TEST CONFIRMED DIAGNOSIS? Post-mortem
 (Signed) Dr. W. Koch, M. D.

74, 1932 (Address) 3110 S. Grand

*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 St. Matthews DATE OF BURIAL July 6 1932

20. UNDERTAKER Jay & Smith ADDRESS #355 Washington

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.

