

**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 St. Louis Primary Registration District No. 1122<sup>a</sup> 18th  
City St. Louis (No. 1122<sup>a</sup> 18th) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 21772  
Registered No. 5527  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1122<sup>a</sup> 18th St St. 18 Ward \_\_\_\_\_  
(Usual place of abode) (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 Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hommie Blackmon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>3</u>	<u>37</u>	<u>8</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Good Worker

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) June Bluff, Ark.

13. NAME Burl Hawkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hommie Blackmon  
1122<sup>a</sup> 18th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Jackson DATE 6/25 1933

19. UNDERTAKER (ADDRESS) Boyd Bros. & Co  
424 1/2 E. Center St

20. FILED 6/20 1933 J. F. Beedick Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1933

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h..... alive on..... 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

Mela Insufficiency & Acute Stenosis  
131 92A 131  
Other contributory causes of importance:  
Chr. Parenchymatous Nephritis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19\_\_\_\_

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Harold D. Shuck

(Signed) Deputy Registrar

(Address) 6/20/33

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.

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