

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

Do not use this space.

41780

1. PLACE OF DEATH

County..... Registration District No. **791**
 Townshp. Primary Registration District No. **1003**
 City *St. Louis Mo* (No. *1310 Montgomery St*)

File No.
 Registered No. **10822**
 St. Ward)

2. FULL NAME *Charles A. Blackledge*

(a) Residence, No. *1310 Montgomery St.* St. *20* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Nancy Blackledge*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 26 - 1875*
 7. AGE YEARS *58* MONTHS *8* DAYS *19* If LESS than 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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) *Ills.*

MOTHER FATHER 13. NAME *Frederick Blackledge*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ills.*

15. MAIDEN NAME *A. Tate*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ills.*

17. INFORMANT *Nancy Blackledge* (ADDRESS) *1310 Montgomery St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Johns North* DATE *Dec 18, 1933*

19. UNDERTAKER *H. J. Leidner Und. Co.* (ADDRESS) *1417 N. Market St.*

20. FILED *DEC 18 1933* *J. J. Redick* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 15, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 10, 1933, to Dec 15, 1933*

I last saw him alive on *Dec 14, 1933* Death is said to have occurred on the date stated above, at *10:55 p.m.*

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

fracture of left femur
1860
151 B
 Other contributory causes of importance *fractured ribs*
17/18/33
5

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

What test confirmed diagnosis?..... Was there an autopsy? *kw*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide *Accident* Date of injury *Dec 13, 1933*

Where did injury occur? *at home* (Specify city or town, county, and State) *St. Louis*

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

Manner of injury *Fall to floor*

Nature of injury *fracture of hip*

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

If so, specify (Signed) *George Mueller* (Address) *1582 - St. Louis*

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.

JAN 26 1934

237
2
19
33

