

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

Do not use this space.

AUG 25 1936

27863

1. PLACE OF DEATH

County St. Louis Registration District No. 785
 Township Bonhomme Primary Registration District No. 6031
 City Sylvan Beach (No.) St. Ward

File No.
 Registered No. 82

2. FULL NAME Auburn Blalock

(a) Residence, No. 7130 Sutherland Ave. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7th 1914.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
21 7 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barnes Hoop
 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) Ky

13. NAME Chester Blalock

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

15. MAIDEN NAME Hazel Fuller

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

17. INFORMANT Arnie Fuller
 (ADDRESS) 7130 Sutherland

18. BURIAL, CREMATION, OR REMOVAL PLACE Fulton Ky DATE 7-10-36

19. UNDERTAKER Louis H. Beyer
 (ADDRESS)

20. FILED 7-10-1936 Agnes C. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/9/36 1936

22. I HEREBY CERTIFY, That I attended deceased from , 1936, to , 1936.

I last saw h..... alive on , 1936. Death is said to have occurred on the date stated above, at 4:30 PM

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

Accidental drowning in Meramec River, Sylvan Beach, while in swimming with other friends, while swimming from West to East, got 3/4 way across when he hollered for

Other contributory causes of importance: help and sank in 10 feet of water, at 4:30 PM Body not recovered until 10:30 PM. Recovered with drag-hooks.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 1936

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

(Signed) Louis H. Beyer, M. D.
 (Address) 3718 Jennings Ave

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.

