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.

JUN 12 1937

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Deaconess Hospital, St. Ward)

File No. 18436

Registered No. 5012

2. FULL NAME Helen M. Blackmer,

(a) Residence, No. 6778 Manchester Ave St., 4 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: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1859

7. AGE: Years 78 | Months 0 | Days 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Mobile Alabama

FATHER

13. NAME Horace Tarleton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piermont New Hampshire

MOTHER

15. MAIDEN NAME Ruth A. Barstow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piermont New Hampshire

17. INFORMANT (ADDRESS) Joel H. Blackmer 6778 Manchester Ave.

18. BURIAL, ~~CREMATION OR REMOVAL~~ PLACE Bellefontaine DATE May 18, 37

19. UNDERTAKER (ADDRESS) Wagoner Undertaking Co., 3621 Olive St.

20. FILED MAY 18 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1937, to May 15, 1937

I last saw her alive on May 15, 1937 Death is said to have occurred on the date stated above, at 9.50 P.M.

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

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Arteriosclerosis	
Hypostatic Pneumonia	3 days
Bronchial	

93c

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 ....., 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? No

If so, specify .....

(Signed) R. Brent Murphy, M. D.

(Address) 6120 Delmar Blvd.

6120 Victoria
R. Brand Murphy