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.

OFC'D DEC 12 1938

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

37421
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 9748
(c) City St. Louis, Mo (d) Street No. St. Luke's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 421 Hennie S. Blackford.
(a) Residence, No. # 531 Hollywood, Webster Groves.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female.
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 J. Ross Blackford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 1901
7. AGE YEARS 37 MONTHS 8 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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) Chicago Ill.

FATHER
13. NAME J. A. Semmelmeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill.

MOTHER
15. MAIDEN NAME Ella Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ceder Rapids Iowa

17. INFORMANT (ADDRESS) J. R. Blackford #531 Hollywood, Webster Groves
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mausoleum DATE 11-11-1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. R. Lupton & Sons #7233 Delmar Blvd.
20. FILED NOV 10 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1938, to Nov. 9, 1938
I last saw her alive on Nov 9, 1938 Death is said to have occurred on the date stated above, at 11:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	3 day before

Other contributory causes of importance:

108

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical exam 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) Louis Bedel, M. D.
(Address) 3720 Washington

(Licensed Embalmer's Statement on Reverse Side)

Cert. #84198

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Clarence H Murray, or by

Registered Apprentice No....., working under my personal supervision.

Signed Clarence H Murray

Licensed Embalmer No. 4011

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.