

EC 6-1938

DEC 8 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

40290  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis  
(b) Township Clayton  
(c) City Clayton

Registration District No. 784Primary Registration District No. 101Registered No. 1983(d) Street No. St. Louis County 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 Elizabeth Blackwell(a) Residence, No. 8113 Dale, Richmond Heights, Mo.

(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

colored5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)separated

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFunknown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1904

7. AGE

YEARS 35MONTHS 2DAYS 22IF LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.nil.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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Tenn.

FATHER

13. NAME Ed. Flakes14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)JacksonTenn.

MOTHER

15. MAIDEN NAME Ella Flakes16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)JacksonTenn.17. INFORMANT  
(ADDRESS)Mother, Ella Flakes8113 Dale Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Washington Pk.

DATE

12/7/3819. FUNERAL DIRECTOR (NAME)  
(ADDRESS)A. L. Beal2726 Lucas St. Louis

20. FILED

DEC 6 - 1938

Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/1/38 1922. I HEREBY CERTIFY, That I attended deceased from  
11 - 29, 1938, to 12 - 1, 1938I last saw him alive on 12 - 1, 1938. Death is saidto have occurred on the date stated above, at 6:35 P. m.

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

(Decompensated)  
Rheumatic Heart Disease  
Hypostatic Pneumonia

Date of onset  
may 1938  
11/30/38

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Autopsy 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

(Signed) Donald R. Roberts M. D.(Address) Clayton Mo. (Co. Hospital)

(Licensed Embalmer's Statement on Reverse Side)

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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**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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

• Licensed Embalmer No.....

P. O. Address.....

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

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

726  
FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

40290

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis

Registration District No. 784

(b) Township Clayton

Primary Registration District No. 101

(c) City Clayton

(d) Street No. \_\_\_\_\_

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)  
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

7

4. COLOR OR RACE

cal

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

Sep

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

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

Sept 9, 1907

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

34

2

22

OCCUPATION

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

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR  
(ADDRESS)

20. FILED 12 6 1935

Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1, 1938

22. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

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

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

(Signed) Donald R. Roberts, M. D.

(Address) Clayton

