

RECD MAR 13 1939

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

4444
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **City View** Registered No. **1137**
(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. moe. ds.

2. PRINT FULL NAME

(a) Residence, No. **John W. Blackburn,**
3108a North 13th Street. St. **26**
(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 **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 **Clara Blackburn,**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 29th 1875**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 3 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Unemployed**
9. Industry or business in which work was done, as saw mill, bank, etc. **7 years**
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) **Alton, Ills.**

FATHER 13. NAME **John S. Balckburn**

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

MOTHER 15. MAIDEN NAME **Not known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

17. INFORMANT (ADDRESS) **Opal Blackburn,**
3918 Natural Bridge Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens Cem.** DATE **Feb. 6th 39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Henry Leidner Und.**
1417 N. Market Street.

20. FILED **J. D. Brudeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-3-39**
22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw him alive on Death is said to have occurred on the date stated above, at **11:10 P** m.
The principal cause of death and related causes of importance were as follows:
Cardiac Hypertrophy
Arteriosclerosis
Other contributory causes of importance:
95
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 **W. Perry**
(Signed) **W. Perry**
(Address) **W. Perry**

FEB 4 1939

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.

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.....

John P. Buchholz

Licensed Embalmer No. *1679*

P. O. Address *2223 St. Louis A*

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.