

N 26 1339

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

23324

Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
 (b) Township Canal Primary Registration District No. 200
 (c) City Jefferson Barracks (d) Street No. Veterans Facility St.
 (e) Length of residence in city or town where death occurred Unkn. (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.

Registered No. 1129**2. PRINT FULL NAME** Clifton Blackwell

(a) Residence, No. Greenbrier, Missouri. St. Missouri.
 (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 Mrs. Mamie Blackwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5, 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 10 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 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). Providence,
 (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Atley Blackwell

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

MOTHER 15. MAIDEN NAME Not known

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

17. INFORMANT. Medical Clerk, VAF., Jefferson Barracks, Missouri.
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE June 26, 1939

19. FUNERAL DIRECTOR (NAME) C. Hoffmeister U. S. L. CO.
 (ADDRESS) 7814 S. Broadway St. Louis, Mo.

20. FILED JUN 26 1939 Dr. R. May
 Local Registrar

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1939, 19 , to June 24, 19 39

I last saw h. in alive on June 24, 1939. Death is said to have occurred on the date stated above, at 1:45A m.
 The principal cause of death and related causes of importance were as follows:

Cerebral arteriosclerosis with hemorrhage.

Date of onset

Other contributory causes of importance: Arteriosclerosis, generalized with hypertension.

Unkn.

Name of operation none Date of none
 What test confirmed diagnosis? phy. clinical exam. and lab. 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?
 If so, specify
 (Signed) C. W. HUGHES, Chief Med. Officer M. D.
 (Address) VAF Jefferson Barracks, Mo.

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.....

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.