. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 496

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 496

1. PLACE OF DEATH:

(a) County 1

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township) FILED FEB 17 1940

(c) Name of hospital or institution: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis (If outside city or town limits, write "RURAL") 11

(d) Street No. 4138 Fairfax (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Henrietta Blakemore 425

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 20 (Day) 1876 (Year)

8. AGE: Years 63 Months 9 Days 25 If less than one day hr. min.

9. Birthplace Jackson (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Domestic 1

11. Industry or business —

FATHER
12. Name George Blakemore 9
13. Birthplace Unknown (City, town, or county) ? (State or foreign country) 1

MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknow (City, town, or county) ? (State or foreign country) 1

16. (a) Informant Mrs Lucille Ward

(b) Address 4138 Fairfax Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-18-40 (Month) (Day) (Year)

(c) Place: burial or cremation Jackson Tenn

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) JAN 18 1940 (Date received local registrar) (b) J. F. Burdeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15 year 1940 hour 9:15 minute P M.

21. I hereby certify that I attended the deceased from January 5, 1940, to January 15, 1940; that I last saw her alive on January 15, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease About	2-3yrs
Cellulitis of Thumb "	14 days

Due to non specific infection

Due to

Other conditions (Include pregnancy within 3 months of death) 95 12

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 1

23. Signature Richard C. Hackney (M. D. or other)

Address 2601 N Whittier Date signed 1/16/40

(Licensed Embalmer's Statement on Reverse Side)

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 Myself Lonnie Boykins, Registered Apprentice No. ....., working under my personal supervision.

Signed Lonnie Boykins

Licensed Embalmer No. 2946

P. O. Address St Louis Mo.

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.