DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19498

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 950

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jennings (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Elms Nursing Home 2520 McLaren (If not in hospital or institution, write street number or location)

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

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Jennings (If outside city or town limits, write "RURAL")

(d) Street No. 2520 McLaren (If rural, give location)

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

3. (a) PRINT FULL NAME Walter H. Blackie 420

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Catherine H. Blackie

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

7. Birth date of deceased Jan 15 (Month) 1852 (Day) (Year)

8. AGE: Years 88 Months 3 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Gas Fitter

11. Industry or business Retired

FATHER
12. Name Stephen L. Blackie
13. Birthplace ..... (City, town, or county) Scotland (State or foreign country)

MOTHER
14. Maiden name Elizabeth Watson
15. Birthplace ..... (City, town, or county) Scotland (State or foreign country)

16. (a) Informant's own signature Elizabeth Buckles

(b) Address 6947 Amherst Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Drehmann-Herral

(b) Address 1905 Union Blvd

19. (a) MAY 15 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1940 hour 3 minute 45 P M.

21. I hereby certify that I attended the deceased from April 15, 1937, to May 14, 1940 that I last saw him alive on May 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 93

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration: Several years

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? 707 (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. ~~or other~~)

Address 390 S Clinton Date signed 8/14/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 I X19511

3903 Ore
11-1

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 R. M. Sanford

Licensed Embalmer No. 2273

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.