

20211

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County ST. LOUIS
 (b) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
13108 PINE BLVD.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 32 YRS. (Specify whether years, months or days)
 In this community 32 YRS.

3. (a) PRINT FULL NAME

EMMA BLACKWELL

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

FEMALE

5. Color or

Col

6. (a) Single, widowed, married,

WIDOWED

6. (b) Name of husband or wife

Unknown

6. (c) Age of husband or wife if

WIDOWED

7. Birth date of deceased

FEB.51882

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

5445

hr.

min.

9. Birthplace

COVINGTON

(City, town, or county)

LA.

(State or foreign country)

10. Usual occupation

HOUSEWIFE

11. Industry or business

SELF

MOTHER FATHER

12. Name

JOHN BILLINGS

13. Birthplace

MEMPHIS

(City, town, or county)

TENN.

(State or foreign country)

14. Maiden name

ANNIE WARD

15. Birthplace

MEMPHIS

(City, town, or county)

TENN.

(State or foreign country)

16. (a) Informant's own signature

X Wm Blackwell

(b) Address

8108 PINE BLVD17. (a) DURIAL

(Burial, cremation, or removal)

(b) Date thereof

JUNE 12 1940

(Month) (Day) (Year)

(c) Place: burial or cremation

WASHINGTON PARK

18. (a) Signature of funeral director

Emmet C. Butler

(b) Address

3030 Bell Ave19. (a) JUN 14 1940

(Date received local registrar)

(b)

G. F. Bredecker

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County ST. LOUIS
 (c) City or town ST. LOUIS 21
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3108 PINE BLVD.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. AMERICAN years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 10
 year 1940 hour 5 AM minute — M.

21. I hereby certify that I attended the deceased from 6-10-40
 that I last saw her alive on 6-10-40
 and that death occurred on the date and hour stated above.

- Immediate cause of death Acute Regurgitation
10 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

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? —

While at work

(Specify type of place)

(e) Means of injury

23. Signature

R. S. Vincent

(M. D. or other)

Address

2356 MapleDate signed 6-14-40

(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
U. S. GOVERNMENT PRINTING OFFICE

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 me

Chas. Garner, Registered Apprentice No. 2349
working under my personal supervision.

Signed

Chas. Garner
Licensed Embalmer No. 2349

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.