

STANDARD CERTIFICATE OF DEATH

State File No. **30850**  
Registrar's No. **8127**

Registration District No. **791** Primary Registration District No. **1003**

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:  
**1049A Hodiamont Ave.,**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2**  
(Specify whether  
In this community **2**  
\* years, months or days)

3. (a) PRINT FULL NAME **H arry Clay Blackwell.**

8. (b) If veteran, name war **World War** 8. (c) Social Security No. **333-03-6729**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Juanita Blackwell** 6. (c) Age of husband or wife if alive **37** years

7. Birth date of deceased **July 5, 1898.**  
(Month) (Day) (Year)

8. AGE: Years **42** Months **2** Days **22** If less than one day  
hr. min.

9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Welder**

11. Industry or business **Wagner Eletrig Co.**

12. Name **John Blackwell**

13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Menda Lambert**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Juanita Blackwell**

(b) Address **1049A Hodiamont Ave.,**

17. (a) **Burial** (b) Date thereof **Oct. 1/40.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **Jos. W. Clark**

(b) Address **1125 Hodiamont Ave.,**

19. (a) **SEP 30 1940** (b) **J. B. Blackwell**  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **5**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1049A Hodiamont Ave.,**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **27**  
year **1940** hour **9.00** minute **P.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis.** Duration

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 sta-  
tistically.

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 **J. B. Blackwell** (M. D. or other)

Address **1125 Hodiamont Ave.** Date signed

City Corner  
1300 Clark Ave.,

**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. 3225

P. O. Address 1125 Hodiament Ave.,

**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.**

2 certify copy