

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: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Walter Blanks

8. (b) If veteran, name war No 8. (c) Social Security No. None

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

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

7. Birth date of deceased Aug 13 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Unknown (City, town, or county) 9 (State or foreign country) IA

10. Usual occupation Laborer 9

11. Industry or business _____ 9

12. Name Unknown 9

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

14. Maiden name Cynthia Weathers 9

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

16. (a) Informant: Charles J. Blanks

(b) Address 6711 S Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-40
(Month) (Day) (Year)

(c) Place: burial or cremation Oakdale Cemetery

18. (a) Signature of funeral director Bennie Love

(b) Address 3103 Washington Blvd.

19. (a) DEC 19 1940 (b) J. H. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 6514 South Broadway (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th
year 1940 hour 4:55 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 Fracture of Cervical Spine with Hemorrhage into Spinal Canal suffered when deceased slipped

Due to and fell down the steps while carrying a trunk which pinned him

Due to against the wall in the basement of his home, at 6514 So. Broadway, on

Other conditions Dec. 16th, 1940, at about 4:55 P.M.

(Include pregnancy within 3 months of death)
Major findings: Of operations _____

Of autopsy _____

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

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

(b) Date of occurrence Dec. 16th, 1940

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Thomas J. Callahan (M. D. or other)

Address Deputy Coroner Date signed 1/19/40

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

MOTHER FATHER

Duration
Physician
Underline the cause to which death should be charged statistically.

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 Melvin Blackman

Licensed Embalmer No. 3962

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.