

Dr. T. L. Decker

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43691**

Registration District No. **757**

Primary Registration District No. **3036**

Registrar's No. **208**

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

1. PLACE OF DEATH:

(a) County **St. Charles**
(b) City or town **St. Charles**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
322 N. Second Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) **2**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles**
(c) City or town **St. Charles**
(If outside city or town limits, write "RURAL")
(d) Street No. **322 N. Second St**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

8. (a) PRINT FULL NAME **Robert William Blackshaw**

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

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

6. (b) Name of husband or wife **Elizabeth Blackshaw** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **April 22 1868**
(Month) (Day) (Year)

8. AGE: Years **72** Months **7** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **Montgomery County, Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Barber**

11. Industry or business _____

MOTHER FATHER { 12. Name **Samuel Blackshaw**

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

14. Maiden name **Millicent Temple**

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

16. (a) Informant **Mrs. Robert Blackshaw**

(b) Address **322 N. Second, St. Charles, Mo**

17. (a) **Burial** (b) Date thereof **Dec. 3-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cem. St. Charles, Mo.**

18. (a) Signature of funeral director **H. C. Dallen**

(b) Address **300 N. Second, St. Charles, Mo**

19. (a) **12/3-40** (b) **Clarence G. Kessler**
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **December** day **1**
year **1940** hour **3** minute **35 A.M.**

21. I hereby certify that I attended the deceased from **April 14**, 19**40**, to **April 1**, 19**40**
that I last saw him alive on **April 30**, 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio Sclerosis**
Duration **about 14 yrs**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **99**

Major findings: Of operations _____

Of autopsy _____

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? **179** (Specify type of place) (e) Means of injury _____

23. Signature **J. P. Forster** (M. D. or other) _____

Address **St. Charles, Mo.** Date signed **1-3-1941**

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 John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address 800 N. 2nd St. Charles D

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.