

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2388**

**1. PLACE OF DEATH:**

(a) County St Louis mo  
(b) City or town St Louis mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1830 O Fallon St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community abt. 9 months  
years, months or days)

8. (a) PRINT FULL NAME Rose Blackmore

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years abt 95 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wilson Willis

18. Birthplace Miss  
(City, town, or county) (State or foreign country)

14. Maiden name Phibea Purley

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

16. (a) Informant William Blackmore

(b) Address 1830 O Fallon St

17. (a) burial (b) Date thereof 3-17-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Adams Brod

(b) Address 3644 Frigmy ave

19. (a) MAR 16 1941 (b) J. W. Brudick  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 21800  
(c) City or town St. Louis 17  
(If outside city or town limits write "RURAL")  
(d) Street No. 1830 O Fallon 9  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 3 day 12  
year 1941 hour 12 midnight minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from abt. 4  
\_\_\_\_\_ 19 41 to March 12, 19 41;  
that I last saw her alive on 3-18- 19 41;  
and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial degeneration Duration Aug. 1940  
Due to Cardio Renal Disease 1939

Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: ab  
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 Q

28. Signature J. E. Sheard (M. D. registrar)  
Address 2702a Franklin Date signed \_\_\_\_\_

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

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17  
9

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

*Louis V. Atkins*

Licensed Embalmer No.

*2842*

P. O. Address

*3644 Finner*

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.