

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12110

APR 9 1941

Registration District No. 187

Primary Registration District No. 200

Registrar's No. 703

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 6136 Minerva  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 30 yrs.  
years, months or days

3. (a) PRINT FULL NAME

EMMA Blackwell

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 3 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased July 1888  
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

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

12. Name Jesse Dinamore

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

14. Maiden name Anna Bella Dinamore

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

16. (a) Informant Lydia Mae Buckner

(b) Address 6163 Bertha

17. (a) Burial (b) Date thereof 4/1/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Elie Funeral Home

(b) Address 2820 Stoddard

19. (a) APR 1 1941 (b) Elie Funeral Home  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6136 Minerva  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day Mar.  
year 1941 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from 3-29-41  
19\_\_\_\_, to 3-29-41 19\_\_\_\_;

that I last saw her alive on Dead on Arrival 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure  
Bronchopneumonia

Due to Hypertension Duration 2 day

Due to Atherosclerosis Duration 20 year

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy Bronchopneumonia

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 B. M. Passante (M. D. or other) (M.D.)

Address Co. 100 Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

**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.

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, fact should be so stated above.**