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4-41  
7-39  
K26390

Registration District No. 784

Primary Registration District No. 10

Registrar's No. 1486

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Residence (483 Edgewood Drive)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community life time  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Clayton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 483 Edgewood Drive  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from March 1941 to July 16 1941  
that I last saw h. alive on July 16 and that death occurred on the date and hour stated above.  
Immediate cause of death: Arteriosclerosis  
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 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 \_\_\_\_\_  
23. Signature [Signature] (M.D. or other) \_\_\_\_\_  
Address [Address] Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME ANNA E. BLACKWELL

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased September 15 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 10 1 hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

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

12. Name Thomas T. Lucas

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

14. Maiden name Augusta Heidorn

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

16. (a) Informant Mrs William R. Gentry

(b) Address 483 Edgewood Drive, Clayton, Mo.

17. (a) burial (b) Date thereof July 18 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7235 Delmar Ely'd., St. Louis, Mo.

19. (a) JUL 17 1941 J. R. Meyer M.D.  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Dr. M. E. Sheets  
961 Skinner Ave.  
CA-7660

4300<sup>th</sup> Manchester  
1-2 P.M.

**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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis Mo

**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.**