S. No. 2
—9-4-41
5-17-39
X29484

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

19385

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5718

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1939 N. Market St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 21

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 1939 N Market St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Walter Blackman.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mamie Blackman.

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 1 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	0	2	hr. min.

9. Birthplace Fulton, Kentucky. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed.

11. Industry or business

FATHER
12. Name James Blackman.
13. Birthplace Kentucky. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Blackman.
(b) Address 1939 N. Market St.

17. (a) (Burial, cremation, or removal) (b) Date thereof 7/6/42
(Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) JUL 4 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1942 hour 9 minutes 54 A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic Interstitial Nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Pending
Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 8

23. Signature Thomas F Callaman (M.D. or other)
Address Deputy Coroner Date signed 7/4/42

(Licensed Embalmer's Statement on Reverse Side)

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 P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St Louis Ave.

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.