. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

35195

State File No. .....

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9703

**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: 1726 N. Grand Blvd. /
(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. USUAL RESIDENCE OF DECEASED:** 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 11 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1726 N. Grand Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME William P. Blackburn,

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 Divorcd 3

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

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

7. Birth date of deceased March (Month) 30 (Day) 1872 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 70 | 7 | 22 | ..... hr. ..... min. |

9. Birthplace Havilandville (City, town, or county) Kentucky / (State or foreign country)

10. Usual occupation Furniture Dealer

11. Industry or business .....

FATHER
12. Name Cyrus Blackburn
13. Birthplace Unknown (City, town, or county) Kentucky / (State or foreign country)

MOTHER
14. Maiden name Mary Ann Browning
15. Birthplace Unknown (City, town, or county) Kentucky / (State or foreign country)

16. (a) Informant Mrs. Irene Myers
(b) Address Erlanger, Kentucky

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11- 23- 42 (Month) (Day) (Year)
(c) Place: burial or cremation Cynthiana, Kentucky

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) NOV 21 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 21
year 1942 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from Nov 16th, 1942, to Nov 20, 1942
that I last saw him alive on Nov 20, 1942
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral hemorrhage | 5 days |
| Due to: Hypertension | |
| 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature C. L. O'Connor 0 (M. D. or other)
Address 1316A N. Grand Date signed 1 Dec 42

84 (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 Fred Fruck

Licensed Embalmer No. 3186

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.**