

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7512

State File No. _____

Registrar's No. 374

Registration District No. 284

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution 2125 Cherry St.
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)
In this community _____

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. 2125 Cherry St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Lydia Blackwell

3. (b) If veteran, name war _____

3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Edward Blackwell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 8 1879 (Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business self

12. Name Edw. J. Gony

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

14. Maiden name Mary Bodener

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

16. (a) Informant Luo Fannie Furson

(b) Address 2125 Cherry

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Anne's Cemetery

18. (a) Signature of funeral director H. J. Gony

(b) Address 2125 Cherry

19. (a) FEB 13 1943 (Date received local registrar) (b) C. H. McHenry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 1-2 1943 to 2-12 1943 that I last saw her alive on 2-11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Ca of Ovary metastatic

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 49a

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 5

23. Signature R. K. Gony (M. D. or other) 2-12-43
Address 2125 Cherry Date signed 2-12-43

(Licensed Embalmer's Statement on Reverse Side)

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

96
00

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. 4139

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.