

S. No. 2  
DOM-542  
5-17-33  
1-22873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11328

State File No. \_\_\_\_\_

Registrar's No. 626

APR 15 1943

Registration District No. 284

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Johns Sta.  
(If outside city or town limits, write "RUHAL" and name of township)  
(c) Name of hospital or institution:  
8931 Bristol Ave.  
(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:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Johns Sta.  
(If outside city or town limits, write "RUHAL")  
(d) Street No. 8931 Bristol Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank D. Blackford

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security 488-03-5917

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ida Blackford 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased Apr. 13 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>11</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation Maintenance Man

11. Industry or business Carter Carbutor Co.

MOTHER FATHER { 12. Name George Blackford  
13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Wash  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Blackford  
(b) Address 8931 Bristol Ave

17. (a) Burial (b) Date thereof 3-18-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Drehmann-Harral  
(b) Address 1905 Union Blvd.

19. (a) MAP 17 1042 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 15  
year 1943 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from April 14 to March 15  
1943, to March 15 1943  
that I last saw him IM alive on 3-15 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung  
Duration 11 mo.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: 478  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) MD  
Address 8924 Charles St. Date signed 3/14/43

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

*Map 17*

8924<sup>e</sup> St Charles Rd.  
1030 to 230

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**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..... *Albert R. Thompson Jr*

Licensed Embalmer No. *4237*

P. O. Address..... *St Louis*

**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.**