

Registration District No. 15 1942

Primary Registration District No. 106

1. PLACE OF DEATH:

- (a) County St. Louis, Mo.
(b) City or town Meacham Park, S. St. Louis
(c) Name of hospital or institution: 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 1 year
years, months or days)

3. (a) PRINT FULL NAME EMMA Blackwell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or Grace Col 6. (a) Single, widowed, married, 1 divorced married

6. (b) Name of husband or wife Husband 6. (c) Age of husband or wife if 41 years
Clarence Blackwell alive _____ years

7. Birth date of deceased Jan 27 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 1 Days 24 If less than one day
hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Self

12. Name Self 13. Birthplace Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Batley 15. Birthplace Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Blackwell

- (b) Address 209 Handy St

17. (a) _____ (b) Date thereof 3 27-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Family Dickson

18. (a) Signature of funeral director John H. Humphries

- (b) Address 408 S. Johnson Ave St. Louis

19. (a) 3-26-43 (b) Edmond Dickson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
(c) City or town Meacham Park
(If outside city or town limits, write "RURAL")
(d) Street No. 209 Handy
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 22
year 1943 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from March 20, 1943, to March 22, 1943;
that I last saw her alive on March 21, 1943;
and that death occurred on the date and hour stated above.

- Immediate cause of death Paralysis Duration _____

- Due to Cerebral Hemorrhage

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- Other conditions None
(Include pregnancy within 3 months of death)

- Major findings: Of operations none

- Of autopsy none 83M

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) none
(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 Edmond Dickson (M. D. or other) 0
Address 209 E. Johnson Ave Date signed 3/25/43

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 _____

myself, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. *2266*

P. O. Address *2812 Thomas St*

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, above space should be left blank.