

S. No. 2
OM-2-43
7-5-17-39
1-1-1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26485**
Registrar's No. **7211**

FILED AUG 18 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 2650 E. LaSalle
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 17
(c) City or town St. Louis
(d) Street No. 2650 E LaSalle
(e) Citizen of foreign country? g (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Organ Blackwell
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 4th
year 1943 hour 11:20 minute P M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or Race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: August 10 1889
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis Duration _____

8. AGE: Years 53 Months 11 Days 24 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Tennessee (City, town, or county) _____ (State or foreign country) 1

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

10. Usual occupation Laborer

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____
12. Name Unknown-Blackwell
13. Birthplace Unknown (City, town, or county) _____ (State or foreign country) 9
14. Maiden name Loda Unknown
15. Birthplace Unknown (City, town, or county) _____ (State or foreign country) 9

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? _____

16. (a) Informant Elizabeth Blackwell
(b) Address 2650 E LaSalle
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Mary Wade
(b) Address 4202 E. Flinn Ave
19. (a) Aug 10 1943 (Date received local registrar) (b) J. F. Braddeck (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 8/9/43

AUG 26 1943

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 S. J. Watson

Licensed Embalmer No. 269A

P. O. Address 2469 Chauteau

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.